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ORIGINAL ARTICLES.

PROVING OF ARAGALLUS LAMBERTI; OR LOCO WEED.

MADE UNDER THE DIRECTION OF THE AMERICAN INSTITUTE
OF DRUG PROVING. ANALYSIS OF THE SYMPTOMS
FROM THE DAY BOOKS OF THE PROVERS.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

HISTORY.

THERE has appeared in the homœopathic journalistic literature during the last twenty years articles on the Loco Weed, which was so named by the Mexicans on account of the species of insanity it produces in the stock of our western ranches. Dr. A. J. Givens, of Stamford, Connecticut, wrote an article on *Astragalus mollissimus* in the *MEDICAL CENTURY* in 1893. Dr. Eugene F. Storke had an article on Loco Weed in the *Medical Current* in 1892, and there was another in the *California Homœopath* about the same time by Dr. T. B. Cosack. Dr. W. S. Gee, of Chicago, really introduced it into our *materia medica* and made some fragmentary provings.*

BOTANICAL.

There are many varieties of the Loco Weed, they are all of the *Astragalus* and *Aragallus* genera of the leguminosæ family, but the principal varieties are *Astragalus mollissimus* and the *Aragallus Lambertii*. The preparations used in these provings were made by Otis Clapp & Son, of Boston, under the direction of the Agricultural Department at Washington, and the variety selected was the same as that which had received the most attention from the Government, namely, *Aragallus Lambertii*. The plant itself was furnished by the Department of Agriculture at Washington. The reason why the Trustees selected this plant was due to the fact that this department was experimenting with the plant and showed a willingness to be of whatever service to us they could be.

THE PROVERS.

The provers who attempted the proving were twenty-one in number, but the committee on drug

proving have refused to accept two of these for reasons of imperfect health records and questionable results. In both of these rejected provings appear symptoms which were undoubtedly produced by the drug, but the symptoms produced being for the most part due to natural causes it has been thought but proper to reject the entire provings. Sixteen of the provers were males and three females. These provings were conducted as far as possible, under the rules of the Trustees of the Institute of Drug Proving. Scientific examinations by specialists and accurate records were kept.

POTENCIES USED.

Potencies from the 30th decimal to the tincture, which is the 1x according to the Pharmacopœia of the American Institute of Homœopathy, were used according to the judgment of those conducting the provings. This is detailed in the day books, a copy of which would occupy the space of a considerable sized volume.

SOURCES.

The provings were made by the *Materia Medica* Department of five of our colleges. Of the twenty-one provings eight were conducted in the Homœopathic College of the University of Iowa, Dr. George Royal in charge. Six from the New York Homœopathic Medical College with Dr. J. B. Garrison as director. Three from the Hahnemann College of Philadelphia under the direction of Dr. O. S. Haines, two from Kansas City Hahnemann Medical College with Dr. Carolyn E. Putnam in charge, and two from the Homœopathic College of the University of Michigan, the *materia medica* department, of which is in charge of Dr. W. A. Dewey.

MENTAL SYMPTOMS.

No. of provers
having symptom.

Difficulty in concentrating mind	10
Absent minded	4
Aversion to mental work.	6
Mental depression	8
Mind seems a blank	2
Confusion of ideas	2
Memory weak, forgets easily	3
Makes mistakes in writing	1
Inability to think	4
Lack of ambition	8

*There was also a fragmentary proving by Dr. J. M. Selfridge, of Oakland, Cal., made in 1874.

Sixteen of the nineteen provers were disturbed in their powers of mental concentration; one prover (No. 13) experienced a relief from previous mental depression and sadness while taking the remedy. In the day books many terms were used to express this mental apathy; for instance, "drowsiness" in several instances was evidently intended to express mental depression rather than sleepiness. In this sphere the drug seems profound and constant in its action.

*No. of provers
having symptom.*

Restlessness, forced to walk about....	6
Aimless restlessness	5
Dazed sensation	4
Indifference	3
Confusion as to time and place	2
Aversion to company	1
Anxiety	1
Ill humored, cross and easily irritated..	6

A sensation of bewilderment was a marked symptom, expressed in various ways, for example, as "peculiar" feeling; one prover, while not knowing the drug he was taking, speaks of it as a "locoed sensation." This was coupled with an irritability of the mind. Thirteen of the nineteen provers were so affected. Mental restlessness is evidently a grand characteristic, a desire to wander not knowing whither, a desire to do, not knowing what were quite prominent symptoms.

HEAD SYMPTOMS.

*No. of provers
having symptom.*

Headache	19
Location, forehead	14
Temples or sides of head	7
Vertex	4
Occiput	6
Supra-orbital region, mostly right side	13
Sensations. Heaviness	5
Expansion and fulness...	9
Dull ache	14
Pressive	5
Throbbing	3
Shifting pains	2
Soreness	2
Lightness	1
Aggravations and ameliorations.	
Worse sitting still	3
Relieved moving about	3
Relieved after eating	4
Relieved by cold	3
Relieved out-doors	2
Relieved by pressure	2
Accompaniments.	
Nausea	2
Blurring of sight	2
Vertigo	8

The effect on the head that seems most marked, besides an indefinite dull ache anywhere, was a feeling of expansion and fulness felt mostly in the forehead and supra-orbital regions, though the inter-parietal and occipital regions did not escape. It was felt in the vertex also by five provers. None of the nineteen provers fails to report head symptoms. The aggravations and ameliorations were not specially marked, the relief of the head symptoms after eating is the most noteworthy. The restlessness produced by the drug is seen in the head, for moving about in the cool air gave relief while sitting still aggravated.

EYE SYMPTOMS.

*No. of provers
having symptom.*

Eyelids heavy and stiff	4
Eyelids, scratched sensation in	3
Eyes burn	2
Conjunctivitis and hyperæmic eyelids..	9
Eyes sore	6
Eyes do not focus	1
Visual troubles	3

The most constant symptom in the eyes was the production of a conjunctivitis with scratching of eyelids, one prover had morning agglutination and one had tremor of the lids. The visual troubles took on the form of a lack of focus, the running together of letters, and one prover states that he could see only the left half of the page. There were some other minor symptoms reported by one prover only that we cannot view with any confidence. In all, 16 provers had more or less trouble with the eyes.

EARS. SYMPTOMS.

*No. of provers
having symptom.*

Aching, painful, tender ear discharging pus, relieved out doors	1
Burning, itching and stoppage of left ear	1
Pressure outwards as if something were in ear	1

But three provers had ear symptoms, no two of which had the same symptoms. Therefore, it would be difficult to seriously consider these symptoms as anything else but coincident symptoms due to natural causes rather than the drug.

NOSE SYMPTOMS.

*No. of provers
having symptom.*

Slight coryza and sneezing	3
Stuffed up nose	3
Dryness of naso-pharynx	1

The nasal symptoms were not marked, and it is somewhat questionable as to their having any value.

MOUTH AND LIP SYMPTOMS.

*No. of provers
having symptom.*

Dryness of the mouth	5
Dryness of the lips	6
Cracked lips	3
Secretion of pasty mucus in mouth and on lips	2

The dryness of the mouth and lips was quite prominent, and this with a sort of sticky saliva or mucus was present in those affected. None of the other mouth and lip symptoms were of moment.

THROAT SYMPTOMS.

*No. of provers
having symptom.*

Dryness of the throat	6
Soreness of throat	5
Much mucous secretion in throat.....	6
Stitching in throat	2
Rough scraped throat with constant clearing	1
Soreness felt while swallowing saliva..	1

The dryness of the mouth and lips extended to the fauces in all who were affected in these parts. There were nine provers with mouth and lip symptoms and eleven who had throat symptoms. A dryness and soreness with at the same time an increased secretion seems tolerably characteristic. There were no face symptoms, one prover reports that his family thought he was pale, another had a tendency to scowl.

GASTRIC SYMPTOMS.

*No. of provers
having symptom.*

Appetite good	6
Appetite poor or impaired	5
Appetite good but little satisfies.....	2
Eruclations mostly in evening.....	4
Nausea. not a sickness but an indescrib- able feeling all over	2
Thirst	2
Distress and heaviness in stomach	1

We cannot regard the gastric symptoms as having anything constant to them. Ten provers had no gastric symptoms at all. The drug certainly has no marked action on the stomach.

ABDOMEN SYMPTOMS.

*No. of provers
having symptom.*

Flatulence	5
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This was really the only abdominal manifestation and found only in five out of the 19 provers. There were those who mentioned fulness, weight in abdomen and some slight crampy or griping pains, all of which may be accounted for by the flatulence.

STOOL SYMPTOMS.

*No. of provers
having symptom.*

Constipation	6
Stools dark	3
Sensation as if fæces filled rectum..	2
Diarrhœa.	
Forcible	2
Light colored	3
With flatus	2
Watery	2

As eight of the provers had no trouble whatever as to stools giving not a single symptom, and as the others were not characteristically affected with either diarrhœa or constipation except in a general way. we cannot regard the stool symptoms as possessing anything characteristic. These may be considered as general rather than special symptoms, and would be doubtless found in some provers no matter what the substance introduced into the system was.

URINARY SYMPTOMS.

*No. of provers
having symptom.*

Urine profuse	6
Urine scanty	3
Urging to urinate	3
Urine dark brownish	1

Nothing appeared to be particularly characteristic as to the urinary organs or as to the urine itself. Quantitative analyses were made in the provers but nothing abnormal was discovered. One prover reported mucus in the urine and another brick-dust.

MALE SYMPTOMS.

*No. of provers
having symptom.*

Increase in sexual desire	2
Sweating of scrotum	2
Itching of scrotum	2
Menses delayed	1

These were the only symptoms and reported only by two provers, the remaining provers among the males had no symptoms.

FEMALE SYMPTOMS.

*No. of provers
having symptom.*

Menses early	1
Menstrual pains	1
Sudden discharge from vagina (un- usual)	1
Thin, odorless, colorless	1
Every day or two	1
Discharge of clear mucus from vagina.	1
Menses begin with cramps	1
Large clots	1
Return after ceasing	1
Sense of constriction in uterus	1
Breasts sore	1
Swollen	1
Worse from jar	1

As there were but three women provers we give all the symptoms produced, although no symptom was produced in more than one prover. These symptoms will perhaps be verified by future work in proving of the drug.

SLEEP SYMPTOMS.

	<i>No. of provers having symptom.</i>
Drowsiness	9
Sleeps soundly	3
Restless at night	8
Dreams of various things	7
Jumping in sleep	2
Sleeplessness	7

The function of sleep was disturbed variously, some during the early part of the proving were intensely drowsy, but as the drug effect accumulated became restless and sleepless, and sleep was disturbed by dreams, none of which were specially characteristic. Probably things occurring the day which was given as a cause of the dreams in four provers were about all.

SKIN SYMPTOMS.

	<i>No. of provers having symptom.</i>
Itching of skin	2
Stinging in skin	2
Pimples on skin	2
Vesicles on skin	2
Papules on skin	2

Nothing seemed to be characteristic in the skin symptoms, and it is quite likely that most of the manifestations can be explained on other grounds other than the influence of the drug.

NERVOUS SYMPTOMS.

	<i>No. of provers having symptom.</i>
Restlessness	8
Nervousness	6
Tired sensations	9
Weakness	4
Internal trembling	4
Easily startled	2
Hurried feeling	2
Twitching of muscles	2

Sixteen out of the 19 provers had symptoms that may be referred to the nervous system. The mental restlessness was reproduced in the physical, and many different terms were employed to express the same thought. This restlessness was of a peculiar nature, there was a hurry about it and some trembling and weakness, it was really a sort of dazed or locoed restlessness.

EXTREMITIES.

	<i>No. of provers having symptom.</i>
Lameness and heaviness in the legs....	5
Sharp stinging pains coming suddenly in knee	3

Sharp stinging pains coming suddenly in ankle	2
Difficult to maintain equilibrium	2
Hands unsteady, drops things	1
Cramp in the calf at night	1
Twitching in right shoulder	1
Muscular stiffness	2
Sweating of feet at night	2

The extremity symptoms were marked in two of three provers, the most constant symptom being a sensation or a heaviness in the legs, this heaviness together with a certain amount of in-co-ordination and sharp pains in the legs of a fulgurating nature may furnish a field for the use of the drug in spinal diseases of the posterior columns.

HEART SYMPTOMS.

	<i>No. of provers having symptom.</i>
Dull contracting pain about heart	5
Worse deep inspiration	2
Worse walking fast	3
Worse bending over	1
Palpitation of the heart	6
Worse sitting still	1
Worse walking fast	1
Worse lying down	1
Peculiar feeling about heart.....	3
Gripping about heart	3
Fluttering about heart	3
Irregular force to pulse	3
Sensation as if heart were pressed down.	1
Sensation as if heart stopped beating..	1
Pain in heart	2
Stitching	1
Warm sensation about heart	1

Heart symptoms were quite common, ten provers had them rather plentifully, the contracted and constricted feeling about the heart was prominent. It seems to call attention at once to the prover that something was wrong with the heart, this caused restlessness and nervousness and various sensations embraced under the word peculiar.

RESPIRATORY.

	<i>No. of provers having symptom.</i>
Slight difficulty in breathing	1
Slight stitches on deep breathing	1
Tickling in trachea, hoarseness and weak voice	1
Constriction of chest sensation of a band around chest	1
Oppression of chest	1

It will be observed that the only symptom repeated in more than one prover was oppression of the chest. The chest symptoms occurred in those who had the heart symptoms for the most part, however only four provers reported any respiratory symptoms whatever.

FEBRILE AND GENERAL SYMPTOMS.

*No. of provers
having symptom.*

Chilliness even in warm room	1
Profuse perspiration in axilla	1
Perspires easily	2
Chilliness in the evening	1
Loss of weight during proving (18 pounds)	1

No special febrile symptoms were produced; in none of the provers did any special variations of pulse, temperature or respiration manifest themselves though carefully noted each day. It is doubtful if a record of weight was kept daily. In one prover where this was kept there was a loss of 18 pounds.

AMELIORATIONS.

*No. of provers
having symptom.*

At night	2
Out doors	2
Walking	1
Motion	2
Lying down	1

AGGRAVATION.

Warm air	1
Mental application	10
Eating	1
Stooping	1

CLINICAL SYMPTOMS OF LOCOED ANIMALS.

The United States Department of Agriculture, Bureau of Plant Industry, Bulletin number 129, published August 22, 1908, and entitled "Barium as a Cause of Loco Weed Disease," gives the following symptoms as those of the disease in the stock of infected regions:

*No. of provers
having symptom.*

Digestive disturbances	6
Emaciation (marked, others not tested). ..	1
Sluggishness	8
Muscular inco-ordination	2
Dry mouth	5
Dull, spiritless, wanders about	6
Half dazed condition	10
Loses idea of distance	2
Tremors	4
Visual disturbances	3

The value of these symptoms is greatly discounted by the fact that it is impossible to tell which of the many varieties of the loco weed produced them. They are given as symptoms produced by some one or all of the varieties considered as a whole, a very unsatisfactory method from a homœopathic standpoint, and should be from any standpoint, as the chemical analysis of the various varieties showed marked difference in composition.

It was a supposition of the Agricultural De-

partment that the symptoms of locoism produced by the weed were due to the Barium contents of the ash and experiments were instituted to prove the same. The symptoms of Barium in toxic doses were roughly given, as follows: Drowsiness, emaciation, weakness, vertigo, dryness of the skin, paralysis of the extremities, difficult speaking, difficult thinking, increased arterial pressure.

In the field of provings of Baryta, it was first introduced into the Homœopathic Materia Medica in Stapf's Archives and afterwards incorporated into Hahnemann's Materia Medica. These provings show a mixture of the symptoms of the carbonate and acetate which is difficult to segregate. The provings, combined as they are, do not show any of the symptoms produced by Loco Weed in the sphere of mental confusion, restlessness and dazed sensations other than a loss of memory. It would seem, therefore, that the researches of the Agricultural Department have failed to prove that Loco Weed poisoning is due to Barium. While there are some similarities, the correspondence is not sufficient to warrant a positive assertion that such is the case.

The provings here presented have considerable value; there are some symptoms that are sufficiently marked to be characteristic, and especially is the fact emphasized that good work in drug proving, that is ideal work, cannot be carried on in our colleges where students have a heavy curriculum of studies to carry on at the same time. In the Iowa provings (provers 1 to 8) the studies were discontinued while the proving was carried on and they are the best of the lot. However, it would seem that there were several important things omitted in every prover, first there was no record kept of the daily weight of the prover; second, no record was kept of the blood pressure. Thus, while it is positively known that Loco Weed produces loss of flesh in animals, the supposition that it does so in man rests upon the evidence of the single prover, who was weighed, he losing 18 pounds during the proving.

Again, while it is positively known that Barium produces in man a hypertension of the circulation, the proving, by omitting to register daily the blood pressure, is bereft of some of its value for the purposes of comparing Loco Weed with Barium. The full and congested or expansive symptoms of the head in the provers would indicate, roughly, that there was an increase of blood pressure.

It would seem that no better work can be done by the Institute of Drug Proving than to reprove the drug more extensively and to profit by the shortcomings of the present proving. The accumulation of facts thus sure to be derived would place the drug where the trustees desire, as one of the best and ideally proved remedies. Then, and only then, can therapeutic verification that has any value be determined.

THE INFLUENCE OF THE THYROID GLAND IN NERVOUS CONDITIONS.*

BY LILLIAN B. ASKENSTEDT, M. D., LOUISVILLE, KY.

THE tendency of the physician in dealing with disease from a theoretical standpoint is to carry in his mind a picture of fully developed and tangible pathology, and he is thus led to compare conditions which he meets in practice with a preconceived idea more or less exaggerated. Because of this gross method of diagnosis many incipient and intangible conditions are misinterpreted or entirely overlooked by earnest and intelligent practitioners, to their own later confusion, to say nothing of unnecessary inconvenience and hazard to their patients.

Practical experience with disease in its typical and more frequent atypical manifestation corrects this tendency sooner or later. But for the inexperienced there seems but one means of avoiding errors in early diagnosis, and that is to form a habit of regarding symptoms not per se, but with reference to their probable cause and their correlation. The consideration of a headache simply as a headache is worse than absurd, since it may mean any one of a dozen things, from a brain tumor to the ingestion of a superfluous meal. So with countless other symptoms of disease. And while our *Materia Medica*s are rich in similars, there are times when a carefully directed remedy will fail of its mark simply for lack of a proper recognition of perspective.

I speak thus assuredly because of my own experience in early practice. There was a time when the word "thyroid" brought before my mind two pictures, and two only—vivid and horrible enough in their respective syndromes: the one a fully developed case of exophthalmic goitre; the other an equally extreme opposite in the less frequent typical myxedema or cretinism. The probability of having to deal with all stages of hyper- and hypo-thyroidism in everyday slightly ailing individuals did not occur to me; and I can look back and recognize at long range cases which were suffering from one or the other cause in its incipency which I did not even remotely suspect.

That the much mooted thyroid gland deserves all the attention it is receiving cannot be doubted. And while various pathologists and clinicians expound their theories and present their evidence from somewhat varying standpoints, the gist of the matter for practical purposes remains the same, and differs from the results of earlier and much less exhaustive research in extent rather than in nature. Whether the fault in hyper- or hypo-thyroidism is in the gland itself or in its nervous relationship matters about as much as whether a tire is punctured at one

point or another, for it is the endless circumference of a wheel with which we are dealing when we undertake to reconcile all that modern research brings to bear upon thyroid physiology and pathology; and the absolute dependence of mortal mechanism upon the integrity of this life circle in which the thyro-parathyroid system occupies so extensive an arc is justification sufficient for exhaustless thought and labor notwithstanding certain apparently antagonistic details in results.

Murray in an exhaustive treatise on "Exophthalmic Goitre" says: "Almost every part of the nervous system has at one time or another been considered to be the seat of the essential lesion. The most important theories have attributed the symptoms to a diseased condition, either of the sympathetic system or of the medulla oblongata." (*Twentieth Century Practice*, Vol. IV., page 794.)

Möbius turned the attention of the medical world to the gland itself as an essential factor, and the investigations of Greenfield, Marié and many other notable authorities were influenced by his conception. Dana says: "From my own observations I am led to the conclusion that such a condition is primarily of nervous origin, but that the excessive secretion causes the principal symptoms." Oppenheim holds a similar view, as do Erb, Byrom, Bramwell, Brissand and innumerable others. Putnam advocates the nervous theory and suggests a controlling centre in the brain. Booth's and Kocher's conceptions are based on probable chemical phenomena in the glandular secretion, while Gley, Edmunds and Sajous emphasize the importance of the parathyroids as active agents in the etiology.

According to Osler, as early as the year 1786 one Dr. Parry was making systematic observations of the syndrome of hyperthyroidism. In 1825 he described the condition with records of several clinical cases. This research created practically little interest evidently, for it was ten years later that Graves published his clinical lecture which excited in England, at least, much general interest in the disorder, and the name, "Graves' Diseases," went on record. Von Basedow, in 1840, presented similar and original results of his observations and gave to Germany what Graves had given to Great Britain. From that time theories as to the etiology and pathology have presented an ever shifting variety of features according to the viewpoint of individual investigators. In later years the general physiology of the organism has been taken more into account, and the inseparable connection and inter-communication of the thyroid and parathyroids with each other and other ductless glands has established a theory which is as abstruse as it is interesting; and the fact that it is vital adds not only to its interest, but to its abstruseness. Sajous says: "Over a century ago, King traced the thyroid secretion to the lymphatics and

*Read before the Kentucky Homœopathic Med. Society, May 23, 1913.

Huerthle showed that fluids as well as their colloids passed from the thyroid vesicles to these vessels. Baber found colloid similar to that in the thyroid within the lymphatic vessels, and the more recent investigations of Brondi, Zielinska, Vassole and DeBrazza on the thyroids, and Welsh, Capobianco, Mazziato and others on the parathyroids, have shown that the product of these organs passes into the perivascular lymph spaces. Being then transferred to the larger cervical lymphatics, they are discharged by the right and left lymphatic ducts—the thoracic duct, according to Pembrey—into the subclavian veins and by way of the superior vena cava to the heart. Here they become merged with the venous blood of the entire organism, forming a single secretion which is then inevitably carried to the heart and thence to the lungs. As the venous blood carrying the adrenal secretion passes from below to these organs to be oxygenized, so is the thyroparathyroid secretion carried from above to the air cells.”

In view of these facts, we may as well attempt to circumscribe the influence of the food we eat, or the water we drink, or the air we breathe, as that of a glandular secretion which becomes an integral part of lymph and blood.

Throughout a masterly series of arguments, fortified with much evidence, Sajous presents his claim that the functions of the thyroid gland and the parathyroid glands are harmonious and accessory, each to the other, their functional connection being probably a nervous one by means of which they co-ordinate the relative proportions of their secretions and insure the ultimate formation in the lungs of a physiological thyroparathyroid product, which product “enchances oxidation by increasing as a ferment the vulnerability of the phosphorus which all cells, particularly their nuclei, contain, to oxidation by the adrenoxidase in the blood.” (*Internal Secretions and Principles of Medicine*, Vol. I, page 160.) The active principle of the thyroparathyroid secretion is generally acknowledged to be iodine, the affinity of iodine and phosphorus forming a basis for the above-mentioned physiological phenomena.

Sajous’ theory includes not only this inter-relation of the thyroid, the parathyroid and the adrenal secretions, but the premise that the pituitary body governs oxidation, metabolism and nutrition in all animals supplied with a thyroparathyroid apparatus and with adrenals, and he offers biologic proof of the same through records of demonstrations showing the existence of direct nerve paths from the pituitary to these glands.

In his language: “(1) Thyroparathyroid secretions and the thyroid preparations used therapeutically act by increasing the sensitiveness of the phosphorus of all cells, particularly their nuclei, to the oxidizing action of adrenoxides and thus enhance metabolism and nutrition. (2) They also in virtue of this action augment the

autoprotective or immunizing power of the blood by increasing the sensitiveness (as opsonin) of all bacteria, their toxins, toxic wastes, etc., that contain phosphorus, to oxidation and thereby to the digestive or destructive action of the complement both in the blood and in its phagocytes.”

In detail this theory differs somewhat from those of other prominent investigators who claim an antagonistic rather than supplementary function between the parathyroid and thyroid glands, and who attribute to the thyroid secretion a more independent and directly oxidizing influence on metabolism than Sajous accords. Grey, Edmunds and Sajous stand conspicuously prominent in their unique conception.

Falta, of Vienna, in an address before the students of Harvard College, says in regard to the physiology of the thyroid gland, that it “represents the pure type of a gland with an internal secretion. It has no excretory duct, its secretion finding its way into the circulation probably by way of the lymphatics. . . . Bauman discovered that the thyroid contains iodine in organic combination, and he isolated an iodine containing substance called by him iodothylin, and Oswald later showed that this substance is split off from an iodine containing protein by the action of mineral acids. This protein is called thyroglobin. Both investigators and many others regard these iodine-containing substances as the active principle of the thyroid gland. The only point on which their opinions are divided is, whether the thyroid gland removes from the circulation the iodine in order to build up its active principle, which is then secreted, or whether it employs this iodine-containing substance to neutralize within the confines of the gland toxic substances circulating in the body.” (*The American Journal of the Medical Sciences*, Vol. CXXXVII., No. 4.)

He goes on to say that the expressed juice of the thyroid or dried thyroid substance contains the active principle, whatever it may be, as evidenced by the fact that their ingestion is capable of removing symptoms of myxœdema, but the moment the feeding is stopped the symptoms return, proving beyond doubt that this active principle is continuously secreted in a normal state. This theory in regard to the parathyroid system is that while their connection with the thyroid is most intimate, their function is somewhat antagonistic, or, rather, counterbalancing—that the thyroid stimulates the sympathetics, while the parathyroids depress them, inhibitory impulses being sent constantly from the parathyroids by way of the sympathetics to the motor ganglia of the cord and the cranial nerves. If these impulses are stopped, partially or completely, by the extirpation of some or all of the parathyroids, a condition of heightened irritability of those ganglia, with their peripheral nerves results, the most extreme degree of which would be convulsions. It has been proved that we can pro-

duce tetany by extirpating the parathyroids, while extirpating the thyroid alone will not produce tetany. Removing some of the parathyroids and injuring the others more or less will produce a corresponding degree of tetanic tendency or nervous instability, the lessened resistance being demonstrated by introducing a poison into the system, and observing that convulsions result from a minute amount of poison in cases not protected by normal parathyroid function. This fact considered in connection with convulsions in general, uræmic and puerperal in particular, is significant, as is the tremor which is a more or less constant symptom of exophthalmic goitre, and, in varying degrees, an accompaniment of many nervous conditions in which we are not accustomed to take the parathyroids into consideration. For example, we have in paralysis agitans a type of a nervous disease—so-called functional—occurring at an age when the thyro-parathyroid system is on the decline. The tremors of the inebriate or the profligate or of the victim of long-continued wasting disease are also of interest in this connection.

Since 1859, when Schiff, of Geneva, began his active investigations, thyro-parathyroid phenomena have been increasingly interesting. He found that removal of the thyroid in a dog caused violent nervous disorders or death. Soon after the Reverdin brothers found similar disturbances following removal of the thyroid in human beings suffering from goitre, weakness, fatigue, cold, pallor, thickening of skin, with tetany going on to convulsions; also impairment of metabolism, suffocation, syncope and death. This syndrome they called post-operative myxœdema; Kocher, who experimented simultaneously, called it cachexia strumipriva. Through a series of animals these experiments progressed with varying symptoms until it was found that variations in results were dependent upon the anatomical relation of the thyroid and parathyroids. In the dog the parathyroids are imbedded in the thyroid; in other animals they are below and are separate. Gley found that removing the thyroid alone did not necessarily cause death but many distressing phenomena dependent somewhat upon the age of the animal—the younger the more severe the results. Retardation of growth, lack of development of bone and cartilage, prominent and pendulous abdomens, failure of development of generative organs, and, in human beings, lack of intelligence were among the results observed. Removal of the parathyroids alone was followed by symptoms of distress in about twenty-four hours, death usually occurring in from three to five days. Existence rarely was prolonged a few weeks, but with almost unendurable suffering to the victim; the whole muscular system being involved, with metabolism at a standstill and every function of the body disturbed. The unstable number of parathyroids in the subjects experi-

mented upon complicated these investigations. In some cases only one has been found, in others five or six, most frequently four.

In the human body the parathyroids are described as small glands, about 6-15 m.m. in size, brown, or yellowish in color. They are situated, two on each side—one upper, one lower—in front of the posterior surface of the lateral lobe of the thyroid at the point where the two branches of the inferior thyroid artery enter the gland, near the recurrent. They are called epithelial corpuscles, and were first observed by Sandstrom, a Swedish pathologist, about thirty years ago. He found only two, however, and it was some years later that the other two were discovered.

These facts, significant in themselves, become more so in that they suggest that the end is not yet in this line of research. It matters less whether the parathyroids balance the thyroid function, or supplement it, than whether they are or are not essential organs. All proof is in favor of their importance to well-being; if not to life itself; and probably no one feature in connection with this vast subject is of more vital concern than is the possibility of power vested in these small and apparently insignificant parathyroids.

Not less interesting than the intimacy between the thyroids and the parathyroids is the modern conception of their connection with the pancreas and with the chromaffin system. Dr. Rogers, of New York, who has gone most extensively into thyroid research, in a series of articles published in the *Journal of the American Medical Association*, describes the chromaffin system in its relation to adrenal, thyroid and pancreatic functions. Of the chromaffin system he says: "It apparently belongs to both the nervous and secretory system. Its cells originate from the same embryonic source as the sympathetic nerves, namely the neural ectoderm, and are found in larger or smaller collections in juxtaposition with these nerves all the way from the base of the skull to the bottom of the pelvis. The largest individual groups exist in the medullary portion of the adrenal glands, from which their active ingredient or product, epinephrin is derived. This substance, epinephrin, seems limited in its effects to the terminal filaments of the sympathetic nerves. The sympathetic nerves supply only unstripped muscular fibers and secretory epithelium, of which by far the greatest amount is concerned with digestive and nutritional processes. Epinephrin may thus activate or inhibit the purely nervous impulses which, in addition to the chemical stimuli conveyed through the circulation, regulate the interaction of the different organs, and especially the gastro-intestinal tract, the pancreas and the liver. The most abundant and easily demonstrated nerve supply of the thyroid and pancreas is from the sympathetic."

Of the inter-relation of the adrenals and the thyroid, Dr. Rogers says: "The destruction of

the medullary portion of the adrenals apparently leads to a peculiar bronzing or pigmentation of the skin and mucous membrane, most marked about the nipples, genitals, hands and face and in the mouth. Muscular weakness is marked, blood pressure is low, pulse rapid, anorexia, nausea, vomiting and diarrhœa are common. The most common result of electrical stimulation of the adrenals in dogs is pronounced muscular tremor, extreme tachycardia, accelerated respiration and rise in temperature and blood pressure. In Graves' disease so many of the symptoms are traceable to stimulation of the sympathetic nervous system that it formerly was described as a neurosis of this system. The cutaneous flushing, the sweating and tachycardia are the most distinctive. In the absence of other known causes an elevation or depression of the blood pressure with cutaneous pigmentation or extreme pallor must also be traced to the sympathetic or chromaffin system."

Of the pancreas in this connection, Dr. Rogers says: "From the results of experiments quoted, it seems probable that at least some of the intestinal secretion of the pancreas is absorbed into the portal system and being thus carried to the liver exerts an important direct effect upon the chemical processes in this organ. It is also reasonably certain that the pancreas produces an internal secretion from the islands of Langerhans, which has a close connection with the adrenals and sympathetic nervous system." "Investigations in glycosuria have shown that the thyroid is concerned in the process through some apparently inhibitive action upon the pancreatic secretion, exerted by the thyroid. Furthermore, all the evidence at hand strongly suggests that the closely interdependent thyroid, pancreas and chromaffin system consummate their relations in the liver. Hence it is extremely probable that disease can not exist in any part of this group without affecting more than one of its components. These components may be, and probably are, connected with other organs similarly associated in function, and, therefore, therapeutics directed at the thyroid alone may be even harmful if the thyroid is not the primary source of the difficulty—apparently goitre or symptoms referable to the thyroid may occasionally be entirely secondary to other disturbances, and the superficial deformity seems often to be only a hypertrophy which is compensatory to a failure elsewhere."

In this suggestion we have an argument not to be ignored in favor of the theory of a cure to be directed not to one symptom nor to one group of symptoms referable to a single organ or anatomical location; not even to the disease as such, but to the individual in toto, who, in his entire organism, is the victim of the disease, hence presenting symptoms of such a condition. Such a theory the advocates of homœopathic therapeutics have sought to develop and to prove

too frequently through imperfect methods and with incomplete evidence, and, it is to be granted, with human measure of superstition and other error not wanting in any line of man's research, but nevertheless with good aim and true. Any theory of cure which ignores the laws of physiology will fall short by reason of its own error, but there is no reason to fear that truth in any theory will fail of its mark ultimately. Law is law, in medicine as elsewhere, and in the last analysis nature is the physician.

Rudinger, Eppinger and Falta have proved that there is a sort of balancing system of regulation between the chromaffin system and the pancreas, which equalizes the mobilization and oxidation of carbohydrates, maintaining the proper amount of sugar in the blood. Also that there exists an antagonizing relation between the pancreas and the thyroid gland, each exerting an inhibitory influence upon the other. In hyperthyroidism glycosuria is very easily produced, while in myxœdema it is next to impossible to produce such a condition.

The relation between the thyroid gland and the organs of generation, however exerted, is no longer a matter of speculation. Experiments upon young animals and observation of cretins and of infantile myxœdema have proved beyond a doubt that the early development of these organs is largely dependent upon the condition of the thyroid apparatus. In fact, that thyroid function influences to a greater or less degree all procreative phenomena, and the frequent hypertrophy of the normal gland at puberty, during pregnancy, and at the menopause, suggests its vital concern in these critical periods of life as well as in the more prosaic processes of everyday metabolism. Too frequent pregnancies or prolonged lactation will exhaust the resources of a thyroid gland just as over-activity or any other physiological function tends to exhaustion. Frequent or profuse menstruation is supposed in some cases to be dependent upon a state of hyperthyroidism followed later by amenorrhœa in the asthenic stage of the disease when the gland has become exhausted. Retardation or absence of normal menstruation is a frequent accompaniment of a condition of hypothyroidism, even when the lack has not been sufficient to prevent average development of the organs themselves.

We thus find the thyroid element an integral part of the organism necessary to the performance of physiological function and to the maintenance of its equilibrium, and eventually, to the perpetuation of the species. With deeper research and more extensive experimentation "the plot thickens," reminding one of certain of Dickens' novels in which the cast is so multitudinous and the scenes so shifting that one wonders how the author ever managed to conceive of bringing so many personalities into the working out of a single scheme. But in the exquisitely intricate mechanism of the human organism, we

find with every advance step of science further proof of unity which human intelligence is able to comprehend approximately only, through consideration of its parts and their inter-relation.

The purpose of this paper is not to detail symptoms of hyper- or hypothyroidism in their respective stages of pronounced goitre or myxœdema, but rather to suggest the rational syndrome of either condition in its incipency or at an early stage of development when the diagnosis is much more difficult, but the correction much less so. The existence of an enlarged gland does not necessarily prove a condition of hyperthyroidism in the individual concerned, since a weak gland under extra necessity may be hypertrophied in a benign effort to supply its lacking product. The combination not only of symptoms, but also of conditions and circumstances, must be taken into account before a gland is to be pronounced a pathological factor, and the probability of its having become involved second to primary involvement elsewhere is of inestimable importance.

From my own limited observation I am convinced that many patients are suffering from a more or less insufficiency of thyroid product, who are far from myxœdema, to say nothing of many others who are the victims of a slight excess of secretion. At this time I have under observation four cases interesting from this standpoint: (1) A pronounced case of exophthalmic goitre in the second or asthenic stage where, with a large gland, there is little evidence of thyroid activity; (2) A case in its very incipency, no exophthalmus, practically no enlargement of the gland, but with marked systemic symptoms of thyroid over-activity. (3) A case of post-exophthalmic goitre, with a beginning tendency to the opposite extreme. (4) A case of apparent congenital insufficiency of thyroid vitality with a mild syndrome pointing conclusively to such an etiology, and yet the girl is in no sense a cretin nor could she justly be considered myxœdematous. She is lacking in the essential factors of the thyroid element in degree only, and her developmental history from early infancy suggests such a lack to have been primary.

The subject is exhaustless and consideration of all points of interest impractical in a single paper. I shall not touch upon therapeutics, medicinal, adjuvant, physiological or surgical further than to say that the cause and pathology of the condition make each case a law unto itself. Caution in medication, in thyroid feeding, in general management and most of all in surgery, is perhaps the point of main importance. Since we are dealing not alone with an organ, but with an interdependent connection of vital forces, we have need to tread softly. He who has assisted a deficient thyroid gland by artificial feeding and has thereby temporarily relieved his patient has done well. He who has aroused such a gland to normal activity has done better. The same prin-

ciple applies to medication and to surgery. The symptomatology of mild hyperthyroidism is not more distressing than a post-operative myxœdema, and it is less irrevocable. However, this fact is in no sense an argument against the advisability of surgery in a large per cent. of cases.

Finally, the application of certain homœopathic remedies to either condition is of paramount interest to us, and it offers the advantage of assurance against aggravating the case as indiscriminate thyroid feeding may do, or of producing an opposite extreme, which is a too frequent result of misapplied surgery.

THE INCANDESCENT THERAPEUTIC LAMP.

BY JOHN ALBERT BURNETT, M. D., HARTSHORNE, OKLA.

IT is not my object to theorize on the usefulness of the therapeutic lamp or to discuss the value of the different kinds of therapeutic lamps. It is a well known fact that we have several different kinds of therapeutic lamps. The two main varieties are the arc and incandescent, and we have several different kinds of these. Some prefer the arc and some the incandescent, while others say the arc has its special indication and the incandescent its indications. Further information can be found in my articles, "An Inquiry as to the Curative Value of Therapeutic Lamps," Nov., 1910, *Kansas City Medical Record*, and "Cancers and Therapeutic Lamps," April, 1912, *Journal of Therapeutics and Dietetics*.

In this article I will give some of the uses of the incandescent therapeutic lamp, or, in other words, will tell a few of the many things that can be done with it.

This lamp is a pain reliever of much value. Some claim it will relieve pain as promptly as a hypodermic of morphine. It will aid in stimulating the organs to their natural functions in a normal manner. Some claim it increases the quantity and quality of the red blood corpuscles. It stimulates increased tissue metabolism, produces leucocytoses, promotes absorption and excretion of necessary waste. It dilates the smaller blood vessels and capillaries and expands the muscular tissues, reestablishing free circulation, hence promptly relieves inflammations, congestions and stasis.

One writer says: "It is the antithesis of the X-ray in its effect as it is constructive and not destructive to normal tissue."

Dr. A. E. Smith reports curing a chronic case of nasal catarrh in ten weeks' treatment. Dr. E. W. Bruner says: "Am getting results with the Leucodescent Lamp and could not practice medicine without it. Am even curing epilepsy where our best physicians have failed. Ray the whole length of the spinal nerves and all over the solar plexus in addition to nerve tonics and intestinal antiseptics. This kind of treatment,

if continued for three months and over, builds up the nervous system, which results in a cure. I use it every day for six weeks, then every other day. Later, twice a week. This treatment differs from any other treatment for epilepsy I have ever read about.

"I do not think it will cure all cases of epilepsy. Especially those cases where it would be impossible to remove the cause and in those cases where the mind is affected (idiotic)."

Dr. Bruner reports curing hay fever and asthma with only eight treatments. The incandescent therapeutic lamp is useful in abscesses, acne vulgaris, pneumonia, eczema, anemia, bronchitis, cancers, cholera, goitre, herpes zoster and various other diseased conditions. The therapeutic lamps are useful in driving in remedies.

The following may be of interest:

"The common method of administering mercury consists of its application to the skin usually in the form of a salve. It is rubbed in by the physician or an attendant, who absorbs as much of the mercury through the palms of the hands as the patient receives.

"The mercurial preparation can now be applied to the part to be treated with a brush and the Leucodescent light applied to the remedy is absorbed by or driven into the skin very quickly.

"The efficacy of this method can readily be tested in the case of any patient to whom no mercury has been given recently. Apply the mercury as above followed by the Leucodescent light until absorbed. Thirty minutes after take a sample of the urine of the patient and mercury will be found to be present in the urine."

If the value of the therapeutic lamp was more generally known it would no doubt be used more.

HELPFUL HINTS IN THE CARE OF THE BABY.

BY J. H. PETERMAN, ARDMORE, OKLA.

THE right of an infant to life and the right of the child to a normal healthy childhood. The public has been aroused as never before to the appalling infant mortality. From this has sprung two well defined national movements; baby saving and child's welfare. We learn that in all our large cities of all who die during the year from one-quarter to one-third are infants under two years of age, and of those who die, only one, which is breast fed, dies to every seven in other ways. We are learning that the children of America have been denied an opportunity to enjoy their birthright. The conscience of the public is stirred and the bitter cry of the children and bereaved motherhood no longer falls upon deaf ears and dulled hearts.

The Doctor, the social worker, the educator, the clergyman, the scientists and the lawmaker are moving in unison as a relief force to over-

come the lethal and degenerating influences of "modern" social conditions. What is killing our babies?

"Hereditary and prenatal conditions.

Improper midwifery.

Improper feeding and nursing.

Adulterated and poisoned food.

Bad hygienic surroundings.

Ignorance—poverty.

Crime—crime before and after birth."

The solution of the baby saving goes down into the very roots of the economical conditions that produce social injustice. The health of the father and mother have much to do with infant mortality. Women should not be allowed to follow occupations which may lead to premature birth. The woman's offspring will show the effects of the wrong she has done and the injustice under which she suffers. It means race degeneracy. The natural moral and intellectual aspiration of a nation or a race can never be realized unless a fine type of physical vigor is obtained. A breastfed baby is immuned to contagious diseases, but not a bottle baby.

Every mother can nurse her baby if she wants to. It is our duty to insist that the woman must nurse her child, when from social or other silly reasons she refuses to do her maternal duty.

The baby should sleep alone. It is very bad for him to sleep in the bed with older people. Children must be made healthy self-reliant human individuals able to take care of themselves.

For us, as physicians, we must know that in the formative period of childhood the tendencies with which human beings are born and those resulting from environment and training, "a great field as yet almost unexplored," we find often unsurmountable obstacles in the way, but by right training not only can the inherited tendencies be in a great measure corrected, but normal tendencies be made to take their place. If a child is properly trained it will be practically free from worry. Self-control is factor of first importance. It must be taught from birth. In demanding obedience of a child it is not essential or right that it should be simple, blind obedience; everything that is requested can be explained. Both physical and moral dangers should be carefully explained and watched for. Give the child a physical power of resistance to the tests it must undergo to be a man or woman. It is for us to safeguard public health.

To avoid nervous diseases is not to humor the child as an infant, but to bring about careful self-control. The real secret of avoiding neurasthenia is self-control. This should be commenced in childhood and gradually developed. The mother herself should first learn self-control and I will go still further and say to the general practitioner he should endeavor to throw around

the expectant mother the right condition to enable her to bring forth a child which shall be born right than commence the development of that child with careful feeding, regular hours of sleep, proper kind of food, bathing and every condition necessary to avoid nervous irritation and above all do not start a child to school until proper physical development has been attained. Proper treatment in the cradle advised by the physician to the mother and she be made equal to her duty and emergency will prove that the hand what rocks the cradle rules the world.

SUCCESSFUL PRESCRIBING.

BY J. D. VARNEY, GREENFIELD, OHIO.

YOU may wonder why I call this paper "Successful Prescribing." It does not matter much what you call a thing providing you can set forth some truth, or suggestion, to help some one who is in doubt, or perhaps careless.

Prescribing is an old subject. Still the Homeopathic Materia Medica is as new today as it was in Hahnemann's time, it is the only system that does not change. Then why do we write on a subject when we cannot present anything new? There is nothing new in the Bible, still we read it and re-read it and pay men to teach it to us. Why? Because every time we read it, or hear it, some new truth is revealed to us more beautiful and beneficial than before, and so it is with our Homeopathic Materia Medica, it's the Homeopath's Bible and the more we read it and study it the more its truths unfold themselves to us, the more beautiful, practical, powerful and beneficial they become. The Homeopathic Materia Medica stands alone as the most practical, unique and correct therapeutic guide of today. In fact it presents the only system, or guide, whereby we can even attempt to cure disease and not know its pathology.

I would not decry pathology. I believe that it is the duty of every Homeopath to always do all in his power to get at the pathologic as well as the pathogenic bottom of every case that he is called to treat. In fact the pathogenic may be essential as a guide to the correct remedy. So we must not neglect our resources of careful methods of physical diagnosis, but sometimes with the most conscientious use of all methods we are left at sea as to a correct diagnosis. Thanks be to Homœopathy we are never left in doubt as to the correct remedy. We are not guided by pathology, but by the individual symptoms coming from the underlying pathology or disease.

Homœopathy does not cure disease, but it does cure diseased people; therefore, we must study our patient and not the disease.

Homœopathy then is both a science and an art; science knows how to study the patient, and art teaches us how to apply this knowledge. We

must not apply it as does the Allopath, Sodium Salicylate on a diagnosis of rheumatism, or calomel on a supposition that it is liver trouble, but we must learn to apply it according to the symptoms presented by the individual we are treating, and then only after a close study of the patient, if we expect to bring about a successful or complete cure.

One of the fundamental principles of Homœopathy is that a cure is a change in the condition of order from a diseased center to the circumference and not a mere change of symptoms from place to place, although to be sure results are brought about and exhibited as cures when there is no law confirmed and no symptoms verified. To be better able to bring about this change in condition we must have a thorough knowledge of both the art and the science of Homœopathy. Kent says that the science must be first taught and then the art. In other words, first the law and then the experience.

Therefore, the Homœopath must deal with the beginning of disease and not with the end products as do our friends who lay so much stress upon the pathology and the so-called "Opsonic Index" which they attempt to raise with their anti-toxins in order to strengthen the organs so as to produce proper anti-bodies. The death rate may have been reduced with the anti-toxins under old school treatment, but has ours been helped any? With the Homœopath does it not seem absurd to inject enough poison into the system to kill the microbe already there, is not the patient apt to be the first victim? On the other hand, when the proper Homœopathic remedy is administered it removes the obstacle in nature's own way, kills the microbe by enabling the vital force of the body to destroy them, and no danger is done the patient.

We do not want this hasty shot-gun prescribing for it will, with the "chickens, come home to roost." Take time to get the individual characteristic symptoms in the beginning and you will save time in the long run, as well as your patient.

Not long since I was called to see a little patient who had been in the hands of an allopath for some time under a diagnosis of typhoid. I found the little sufferer with a high fever, cheeks red, in a deep sleep or stupor, very nervous, twitching and jerking and often crying out, vomiting, bowels moving frequently, tongue coated white, cough with a little roughness in the bronchi. Now these symptoms in common come under a half dozen different remedies, so we must look farther to get a clear picture of our case. I noticed that although the face was red there was a peculiar white ring about the nose and mouth, and upon inquiry the mother told me that the little fellow was cross and ill and picked at his nose a good deal when up and around. On closer observation I noticed that there was an almost constant desire to swallow

as if something was in the throat, and it was upon this one symptom, which is peculiar to only one remedy that I know, that I prescribed. Nearly all the common symptoms come under *Belladonna* or *Apis*, or *Borax*, or *Chamomilla*. They also come under *Cina*, which also has this one peculiar symptom. *Cina* was given and gave immediate relief and the following day the child was up playing.

About the same time I was called to another case in which two hours before another old school man had advised spanking the child, because he considered it "cussedness." The little patient had not slept nor had she allowed anyone else to for two days and nights. She would be lying perfectly still and would suddenly throw herself violently as if stuck with a pin and cry out and nearly go into convulsions, bowels loose, temperature 101, picking at her nose and clawing the inside of her mouth as if trying to get at her throat; in fact, she would gag herself with her fingers as if trying to pull something from her throat. *Cina* was given in this case and after the second dose she fell asleep and slept for five hours. The following day the child was up and has remained well up to the present time. Thus another score was gained for Homœopathy, and the child was deprived of her spanking.

Now I do not know whether there was any pathological lesion in these cases or not, neither do I care (as long as the family did not ask), but I do know that they presented the characteristic symptoms that led to the remedy that brought about immediate recovery, whether they had worms or what not.

Any one of us could give hundreds of just such cases after old school failures, which proves to us that we should not pay any attention to pathology. Still so many of us grope around in the dark searching for the pathological condition so we can prescribe for the name of the disease in place of the symptoms. Let us learn when we come to the selection of the remedy to forget there is any such thing as pathology and be guided by the sum total of the symptoms.

I will not fight with you about the potency if we get the *similimum*, although one thing we must learn when we are using higher potencies is not to repeat as long as improvement lasts. One of the hardest things for us young men is to learn to do nothing, but remember that placebo is a great remedy and often does wonders.

I do believe though that no remedy is sufficient to cure in the most of our chronic cases. You may cure your patient by giving the same remedy at intervals for a long period of time, by going higher each time, but I think that usually the symptoms call for a new remedy. Kent says that he has noticed that any potency will act when indicated, and that a few doses of any potency will act at intervals, but that when this

action ceases that either a change in the remedy or the potency must be made.

Then how shall we apply our remedy. First learn to diagnose your patient; be sure of that diagnosis whether you are of the disease or not. Diagnose your disease for your own satisfaction, or that of the family, or learn to be a good diagnostician for the sake of council, so that our school may be surpassed by none, but when this is done learn to forget it, and diagnose your patient as a *Calcarea carbonica* or a *Chamamilla*—baby, a *Pulsatilla* or a *Sepia*—woman, or a *Nux* or a *Lycopodium*—man, as the case may be.

I know that there is an insane idea among the laity, as well as the old school, that if a doctor is able to demonstrate by blood count or by Weidal's reaction that the patient has leucocytosis or typhoid, his whole duty has been performed whether the patient dies or recovers. They have become so engrossed in pathological research that they have neglected and lost faith in the virtue of remedies.

Diagnosis has a tendency to lead away from Homœopathy and toward the routine of giving one or more remedies for the name of the disease. Such practice is unsuccessful in results and harmful to Homœopathy. Get away from diagnosis when selecting the remedy and be guided by the totality of the symptoms and you will be as sure as the artist is of his colors. It is not safe to depend on the general symptoms for these may be in common with several remedies, but search for the rare and peculiar and strange symptoms, find your remedy that covers the general symptoms as well as these peculiar characteristics, and you will have your *similimum*. When you get it your remedy will not fail you. It is our poor human intelligence that fails, and this because we do not study our cases as we should. We must study the individual. We cannot measure everything from a material standpoint. There is something beneath this old hide of ours more important than the mass of muscles, bones or nerves, and it is in this underlying principle, the Ego if you please, that we find the fountain head of disease. It is in this principle that these peculiar individual symptoms originate, and it is to this end that we must direct our treatment. We must deal with something deeper than a mere physiological or pathological basis, and in Homœopathy and Homœopathy ONLY do we find a force that is wholly able to cope with such a condition. Therefore it is by the most careful observation and study of these methods and principles that you and I can hope to cure disease, and convince the world that the only law of cure is that of *Similia Similibus Curantur*.

Mercurius vivus.

Acute or chronic abscess. Too profuse suppuration. Pains worse at night in warm bed. Easy sweating. Abscess of salivary glands.

"ERYSIPELAS."

BY DR. J. B. SHOEMAKER, NOBLESVILLE, IND.

ERYSIPELAS is the acute febrile disease caused by inoculation of a cutaneous lesion by the streptococcus erysipelatus and recognizable by intense redness, heat and œdematous swelling of the affected region with symptoms of general toxæmia.

Erysipelas is described in the writings of the Hippocrates. Two forms were recognized, an idiopathic and the usual traumatic, or wound erysipelas, and the same distinction is still held by most authors. Trausseau, however, in 1848, recognized the fact that non-traumatic cases have almost always a starting point which, although it cannot strictly be called a wound, is at least a lesion. That the disease was caused by a vegetable parasite was first maintained by Henle in 1840.

Erysipelas is a violent inflammation of the lymph-channels, caused by the streptococcus, although it is now generally conceded that the infectious agent, as described by Fehleisen as the cause of erysipelas, is identical with the streptococcus of suppuration, the symptoms of erysipelas are sufficiently different to warrant a description of this infection as a form of affection separate from any ordinary suppuration. It has been proved that the virulence of the streptococcus varies materially with the nature of the soil upon which it grows; that it will frequently acquire a greater virulence when the resistance of the subject is lessened, as in tuberculosis, diphtheria, scarlet fever, smallpox, typhoid fever and influenza, and when the vitality of the body is materially reduced, as by overwork. Its virulence materially differs in various animal organisms, as it is by no means equal to the virulence of the same streptococcus in mice and rabbits.

Erysipelas can be produced in rabbits by the injection of the ordinary streptococcus of suppuration, and by that means acquire a greater virulence, and if not attenuated, would reproduce symptoms of erysipelas in an ordinary wound infected with it. From its etiology, therefore, erysipelas is a non-specific disease, but is due to a higher state of virulence which the streptococcus happens to possess at the time it enters the tissues, or which it can soon acquire when the tissues are suited to its development in a virulent shape.

It has also been demonstrated that erysipelas cocci may enter the blood, but, as a rule, they are not found in this fluid.

The prognosis of erysipelas is very uncertain. The mortality rate is about ten per cent. Perhaps the chief dangers lie in certain complications, especially extensive suppurations, pneumonia, acute nephritis, delirium tremens, etc. Age has a positive influence upon the mortality.

Of 2,663 deaths due to erysipelas, the death rate per 100,000 inhabitants was as follows: Under 5 years, 31.34; 5 to 15 years, 0.81; 15 to 45 years, 2.80; 45 to 65 years, 8.88; 65 years and over, 38.55. When death occurs it is due to toxæmia.

The incubation varies from forty-eight hours to about seven days. There are generally no symptoms during this time; anorexia and slight fever may be present. An initial chill is almost invariably the mode of onset. It may be slight, however, possibly repeated, and it usually is accompanied with headache and muscle pain, sometimes with vomiting. The severity of the rigor is often an indication of the virulence of the disease. The temperature rises, often to 104 F., 40 C. or higher. In an ordinary case it remains high with but slight remissions for four or five days, then rapidly subsides. Headache, delirium and other nervous manifestations are especially severe in alcoholic subjects, and when the scalp is invaded by the disease. Albuminuria is generally present. In severe cases the temperature runs high, the pulse becomes rapid and feeble, delirium deepens into coma, the respirations are shallow, the tongue dry, the weakness extreme, and death may supervene within a few hours from profound toxæmia.

The point of original infection is often at the junction of the skin and a mucous membrane, as at the inner angle of the eye, or on any part of the face or ear. When the disease begins on the face it is generally confined at first to one side, but within twenty-four hours it often spreads over the nose to the other side and upward into the scalp. The eyes are soon closed by the œdematous lids; the lips are puffed up and the ear is much enlarged; the features are all removed. It occasionally passes downward from the cheeks to the neck, rarely from the scalp.

The skin is intensely red and swollen and the surface temperature is raised from 1 F. to 4 F. Itching, burning and tension are complained of.

The spread of the disease is variable in rapidity, sometimes in one direction and sometimes in another, and influenced to a great extent by the character of the skin and the abundance of lymph-channels. The margins are raised, red and glossy, clearly defined from the surrounding skin. The disease reaches its height in about three days, then begins to decline, unless it is prolonged by continued invasion of adjacent areas; through such invasions the entire face is often involved, sometimes the entire surface of the body, and the illness may continue for more than a week without interruption. General invasion of the body is more common when the initial inoculation has occurred on the trunk or on the extremities than when the face is first infected. In its progress the disease follows the lymph-channels, as is sometimes shown by red, edematous lines radiating from the periphery of the inflamed area, an appearance more

characteristic, however, of septicemic-angitis.

The treatment of erysipelas is both constitutional and local. The principal Homœopathic remedies are:

APIS.—Of any part of the body or after operations, with puffiness and cedematous swelling, greatly in excess of the pain, which is of a burning or stinging character and with desire for, or relief from cool applications to the parts. The trouble usually starts on the right side and travels to the left. Apathy, sleepiness or even unconsciousness, 5 P. M. aggravation and absence of thirst.

ARNICA.—Inflammation dark in color, with extreme tenderness and tendency to ecchymoses; prostration.

ARSENICUM.—Prostration, restlessness, burning pains.

BELLADONA.—Early stage, bright red swelling.

BORAX.—Of face, with feeling as if a cobweb were on it.

CANTHARIDES.—Vesicular type; especially of face, "beginning on nose," with restlessness and burning, stinging pains.

CROTALUS.—Blue look; useful after vaccination or bites of insects.

GRAPHITES.—Aggravation from heat. Useful as a prophylactic in recurring erysipelas of the vesicular type.

KALI CARBONICUM.—In old people and in particular with sac-like swelling under the eyebrows.

LACHESIS.—Left side and dark blue in color.

PULSATILLA.—Erysipelas which shifts or changes its location.

RHUS TOXICODENDRON.—With vesicular or large blebs; burning, tearing pains, much itching, worse from warmth.

STRAMONIUM.—Of head and face with cerebral symptoms.

The use of the streptococcic serum is of great benefit in the treatment of erysipelas.

As a local application, my choice is alcohol, carbolic acid and water equal parts and used as a pack. Ichthyol may be used in a 40 or 50 per cent. solution in the same way with very good results. Collodium and iodine 3 grs. to the ounce is very good and will often relieve the pain when everything else fails. In one very bad case I used phenol, camphor, turpentine, liquid petroleum and ammonium iodide with coconut oil with surprising results, this case being in a man past sixty that was very delirious and in which I could not use a pack.

*Read before the Indiana Institute, May 29, 1913.

Silicea.

Abscess speedily points but secretion of pus is too scanty, tardy cases, subsequent induration. Most useful after abscess has been opened.

AN ANEURISM OF THE EXTERNAL ILIAC ARTERY.

READ AT ANNUAL SESSION, MARYLAND STATE
HOMOEOPATHIC MEDICAL SOCIETY,
MAY, 1913.

BY J. ELMER CUMMINS, M. D.

Mr. President and Members of the Maryland Homœopathic State Society:

I wish to report a case of aneurism of the Right External Iliac artery following an herniotomy. The case, Herbert W., aged 19 years, bank clerk. He presented himself for examination regarding a swelling in his right groin, which was diagnosed as an indirect inguinal hernia. Operation was advised and the case being a minor it was necessary for his father's consent, which was given.

You remember that the skin, superficial fascia, intercolumnæ fascia, cremastric fascia, infundibuliform fascia and peritoneum make up the coverings of an oblique or indirect inguinal hernia.

A Bossini operation, with which we are all familiar, was performed. Briefly the incision is made parallel to Poupart's Ligament about 1½ inches above the ligament and 5 to 7 inches long. This exposes the aponeurosis of the external oblique and external ring of the inguinal canal. The aponeurosis is incised and also the inguinal canal. By blunt dissection Poupart's Ligament is plainly seen the hernial sac cord, cremaster muscle and fat is noted in one mass.

The sac is freed from the cord and dissected back as far as possible. It is then opened, contents examined and replaced in the abdomen. The sac is then securely tied at its neck and excised. The cord is lifted out of the way, so that a new floor for it can be made by making a shelf of Poupart's Ligament, to which the aponeurosis of the Transversalis and Internal oblique is sutured with 4 or 5 ties of Kangaroo Tendon. The cord is placed on the new floor and after all bleeding has been arrested the aponeurosis of the external oblique is sutured over the cord and the skin is closed.

The operation was apparently successful, the skin healed by first intention and the case was discharged in good condition.

So that we may better understand the accident, result and collateral circulation, I wish to refresh your mind by describing an artery and outlining in part the arterial system in this region.

An artery we know is made up of three coats or tissues from within out: endothelial or tunica tubina; muscular or tunica media, and fibrous or tunica adventitia. A nicking of this outer coat weakens the wall and there is then a lack of resistance, which sooner or later will expand, due to pressure and force of the blood, and thus result in an aneurism.

The arterial system in this region is supplied from the Right Common Iliac, which divides into the External and Internal Iliac. The External Iliac extends to beneath the centre of Poupart's Ligament and becomes the femoral, which passes through Scarpa's Triangle to become the Popliteal at the opening in the Adductor Magnus Muscle. Passing behind the knee at Popliteal divides at the lower border of the Popliteus muscle into the Anterior and Posterior Tibial. The Posterior Tibial, the larger of the two, passes down the back of the tibia to the fossa below the inner malleolus and divides to form the Internal and External Plantar Arteries. The branches of the External Iliac are Deep Epigastric and Deep Circumflex Iliac with their branches. Each is given off a few lines above Poupart's Ligament and about opposite to each other.

Pulsations of the Posterior Tibial can be felt just where the vessel passed below the inner malleolus, and it may be interesting to note that by crossing the knees the Popliteal will show its pulsations by a slight movement of the hanging foot.

Appreciating the anatomical relationship of the External Iliac to Poupart's Ligament, beneath the centre of which the vessel's pulsations can be felt, it can readily be seen how easily an accident may happen from pricking with a needle in suturing.

Seven months after operation the case returned to the physician stating that his hernia had returned. An examination was made and just between the cicatrix and Poupart's Ligament a distinct tumor or hernial appearance was noted. He complained of pain, stiffness of the limb and fatigue; also some little swelling of that limb.

Palpation revealed a soft elastic oval mass which transmitted a pulsation to the examining finger. There was no impulse upon coughing and the tumor disappeared upon firm pressure, only to immediately return with a beat when released. A distinct pulsation with a blowing sound downward was heard through the stethoscope. The Posterior Tibial pulsation was weaker on the right leg than on the left. There was some doubt as to whether there existed a mass resting on the artery or under it and thus produce similar symptoms, as a hernia was excluded from the diagnosis, or whether it was an aneurism of the External Iliac from traumatic origin during the previous operation. The last was accepted as the probable diagnosis, and operation advised to ligate the vessel and trust to collateral circulation becoming established for the supply of the limb.

Measurements of both limbs were taken and the right was slightly larger than the left; both had good color and apparently well nourished.

An incision was made parallel to the first, but just below it and by very careful dissection the aneurism was brought to view in the field of op-

eration. The pulsating walls of the artery were easily seen, which corroborated the diagnosis of an aneurism of the External Iliac. The aneurism was just below where the two branches of the iliac are given off.

A ligature of No. 2 chromic catgut was placed just below where the two branches were given off and another ligature was placed beneath Poupart's Ligament below the lower end of the aneurism. These were securely tied and the vessel severed between them. Pulsations of the Posterior Tibial were not obtained at the inner malleolus any more, and it was now essential that the collateral circulation soon establish itself in order to nourish the leg and thereby save it. The incision was closed then.

The hope was that the Deep Epigastric, with its large supply through its anastomosis with the subclavian by means of the Internal Mammary and Inferior Intercostals, would enlarge and thus take care of the main supply, and that the Deep Circumflex Iliac anastomosing with the Iliac Lumbar, Gluteal, Lumbar and Epigastric arteries would complete the collateral circulation, aided by the Internal Iliac with its branches anastomosing with the Obturator Artery.

If this circulation did establish itself it would probably be formed by the Ilio Lumbar from the Internal Iliac with a branch from the Obturator anastomosing with the Circumflex Iliac. Branches from the Obturator would join with the Internal Circumflex to anastomose with the sciatic. The Gluteal Artery with a branch of the Internal Iliac would anastomose with the Circumflex Iliac and External Circumflex, while some other branches anastomose with the sacral arteries. The sciatic from the Internal Iliac would anastomose with the perforating branches of the Profunda and Internal and External Circumflex.

The patient was put to bed, his foot and leg elevated slightly in order to aid the venous return and reduce the tension, and an electric pad was used on the limb to keep proper heat. This was adjusted and regulated according to requirements.

The patient was given liquid diet and his T. P. R. kept normal until the third or fourth day, when a rash appeared all over his body, resembling scarlatina, with a slight elevation of temperature.

Patient did not complain of any discomfort in the wound or in the leg. Condition was diagnosed as a post-operative rash and Belladonna 3x was prescribed every two hours, and the condition subsided in two days. T. P. A. became normal again and remained so until case was discharged.

An uneventful recovery followed; the color of the limb was at first a little pale, but kept warm. A week after operation the right leg was slightly smaller than the left; no pulsations

in the Posterior Tibial or Popliteal Arteries could be detected.

Two weeks after operation the wound had entirely healed by first intention, and the electric pad was discarded and leg put flat.

Four weeks after operation normal color of the limb had become established, equal heat of both legs was noted and patient was allowed to sit up in chair.

Six weeks after operation patient was discharged as cured and he was able to walk with apparently no difficulty. The leg was now equal in size to the left leg.

Six months after operation the patient presented himself for examination. He was walking normally, was performing his usual duties in the bank, was feeling elegant; the leg had good color, was warm and the size was just about the same as the left leg. He had had no difficulty since the operation and felt better than ever before, even though the first operation had given him some relief until the lump had begun to become evident.

Collateral circulation had become sufficiently established and the operation was considered a success.

ELATERIUM. SQUIRTING CUCUMBER.

BY A. C. PUTNAM, M. D., MARSHALL, MO.

THIS remedy is by no means a new one, but was used long before Homœopathy was ever known, it having been used by the ancients in angina, dropsy, gout and sciatica or applied as a cataplasm in hemicrania.

The tincture is prepared from the fruit.

The character of the pain seems to be the red string of the remedy, sharp, sticking.

This remedy seems to have an especial affinity for the mucous membranes, although it has some decided action on some muscular and organic portions of the body.

The first action of the remedy seems to be stimulating, followed by intense depression.

In the mucous membrane of the eye we find sticking in the inner canthus of left eye as of a splinter.

In the alimentary tract, beginning with the mouth, we find bitter taste, tongue coated with dirty brown fur.

Spitting of large lumps of yellow matter apparently from the stomach, a feeling as if the mucous membrane of the posterior nares and upper part of the œsophagus were swollen, accompanied with much thirst.

We come now to the greater field of action for Elaterium, the stomach and bowels.

Constant nausea and disposition to vomit: Vomiting of greenish watery substance with great weakness.

The signature of Elaterium is too obvious to be missed: profuse, watery stool, coming out

with a gush, which is the main characteristic of the drug, is plainly typified in the explosion by means of which the ripe fruit scatters its seeds.

Violent griping pains in the bowels, cramps in abdomen.

From palpation the bowels seem as if knotted.

Frequent vomiting with great morning weakness.

Frequent dull olive green, watery stools, streaked with blood.

Great pain in abdomen with constant urging to stool.

Frequent, copious, watery stools with cutting pain in the abdomen after taking cold by standing on damp ground after exertion.

Squirting diarrhea.

Urinary organs: Constant heat at neck of bladder with extreme pains during micturition, inducing even convulsions.

Suppression of urine with cramps and neuralgic pains.

Chest: Difficult breathing with sharp pains at lower part of sternum, passing through to lower angle of right shoulder blade with great heat under shoulder blade.

Limbs: Sharp, shooting pains extending from shoulder to tips of fingers.

Sharp pains in fingers of left hand to their extreme tips.

Deep seated, tearing and gnawing pains in hips and thighs in course of sciatic nerve, extending down to instep and extremities of toes.

Cramps in soles of feet with arthritic pains in great toes.

Neuralgic pains involving whole right side of body from temples to foot, with swelling of right knee.

Suppression of urine and bitter taste in mouth.

We find Elaterium very helpful in chills when suppressed by quinine or some other "sure shot" cure, which appears in some other form, as an urticaria all over the body, bilious or remittent fever. Chilliness with continued gaping and quivering; headache and soreness of the limbs, pain under shoulder blades, in small of back, cramps in the legs and soles of the feet.

Yawning and gaping with a sound resembling the neighing of a horse. Profuse lachrymation and corvza. Violent tearing pains throughout the head, more especially in the vertex.

Sharp, cutting pains in the bowels, and extremities, the pains shooting to the very tips of the fingers and toes, then shooting back again into the body.

Nausea, vomiting and copious discharge from the bowels, of the characteristic color and consistency.

Copious sweat with gradual relief of all symptoms.

Even the mental symptoms that are caused by this suppression and characterized by an irresistible desire to wander from home, even at

night, or fear of some approaching disaster, but can't tell what, are relieved by this sweat.

Time of action, 7 A. M., 12 to 1 P. M. and 5 P. M.

The remedies with which you may be called to compare Elaterium for characteristic pains are Argentum nitricum, Hepar and Nitric acid, in diarrhœa; Calcareæ, Chamomilla, Dulcamara, Nux moschata, Rhus toxicodendron and Sulphur. This is a list of the more important, although not a complete list of remedies; you will be called on to compare, but if you master this list it will give you a good working capital and Elaterium will relieve you of a great deal of mental anguish and your patient actual intense suffering.

CORRESPONDENCE.

Greene Street Place,
Augusta, Ga.,
Aug. 14, '13.

Editor MEDICAL CENTURY:

The medico-legal clique of the A. M. A. of this state is after us homœopathic M. D.'s, and Georgia comes to the front! We have gained the victory for Homœopathy and her believers, though it was an *up hill battle*. This is the first entering wedge of the A. M. A. into the ranks of Homœopathy of the Empire State of the South, and we are living in hopes that the Governor will veto the bill, but even should he approve the bill we will be on an equality with the allopaths. I have written to the Governor and sent him (to me) convincing proof that he should not approve the bill, as per my card reply to Dr. M. C. Lyle, of this city, sent to you under separate cover by this mail. We must fight and fight some more, for we are up against the "enemy." Keep up the fight in your state. *Best wishes.*

Yours fraternally,
M. T. CLECKLEY.

BOOK REVIEWS.

ANATOMY, DESCRIPTIVE AND APPLIED. By Henry Gray, F. R. S., Fellow of the Royal College of Surgeons; lecturer on Anatomy at St. George's Hospital Medical School, London. New (American) edition, thoroughly revised and re-edited, with the ordinary terminology followed by the Basle Anatomical Nomenclature, by Edward Anthony Spitzka, M. D., Director of the Daniel Baugh Institute of Anatomy and Professor of General Anatomy in the Jefferson Medical College, of Philadelphia. Imperial octavo, 1502 pages, with 1225 large and elaborate engravings. Cloth, \$6.00, net; leather, \$7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

Gray's Anatomy has for over fifty years been

the best known work in all medical literature. Measured by the number of students, physicians and surgeons who use it, and by the way in which they keep it and constantly refer to it, it is *incomparably the greatest text-book in medicine.*

The announcement of a new edition of this great work is always a matter of exceptional interest and importance to the entire profession, and the appearance of this particular edition is especially significant because it ushers in the new era of teaching, marked by the raising and standardizing of the requirements in almost all of the medical colleges of the United States. It is generally conceded that in the near future anatomy will everywhere be taught according to the Basle Anatomical Nomenclature, and the B. N. A. terms have, therefore, been introduced in parentheses following the ordinary terminology, which is still in more general use, so that either or both may be used with facility.

The revision of this edition has been very thorough. Every line has been critically considered and the whole work has been brought abreast of the latest knowledge of anatomy and the most approved methods of presentation. A feature in which *Gray* has always been unique—the engravings of the names of the parts directly on the illustrations—is carefully preserved. The student is thus enabled at a glance to visualize the name of the part, its position, extent and relations, thus photographing in the memory knowledge otherwise painfully difficult to retain. Colors are abundantly used, and dissecting directions accompany the descriptions of the parts. A superb index comprising both terminologies in a single alphabet completes all the service which it is possible for a book to render. Its combination of unrivaled engravings and an incomparably clear text, reflecting the lifework of many of the world's masters of anatomy, and its peculiar quality of presentation which facilitates to the utmost the acquisition and retention of a sound knowledge of its subject, have maintained it in the premier position of all text-books on anatomy for over fifty years, and it was never stronger in attraction or farther in advance of its competitors than in this new edition.

AN INTRODUCTION TO THE STUDY OF INFECTION AND IMMUNITY. INCLUDING SERUM THERAPY, VACCINE THERAPY, CHEMOTHERAPY AND DIAGNOSIS. By Charles E. Simon, M. D., Professor of Clinical Pathology and Experimental Medicine, College of Physicians and Surgeons, Baltimore. New (2d) Edition, thoroughly revised. Octavo, 325 pages; illustrated. Cloth, \$2.25, net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

The exhaustion of the entire first edition of this work in less than a year shows beyond question that it is a book of great value and utility to

the practicing physician. On glancing over the table of contents it is obvious that each one of the chapters is worth many times the price of the volume, because of the fund of new and important information contained and the new ideas which are set forth. The marvelous advances of modern experimental medicine have placed within the reach of the profession new methods of diagnosis, therapeutics and prophylaxis, more exact and effective than anything hitherto known to medical science, and the physician who would possess this new knowledge and master its many practical applications will find them presented in this work clearly and succinctly, and in an easy and graceful style. The most notable achievements of the past year have been embodied. These include sections on auto and normal serum therapy, on the chemotherapy of pneumococcus infections and of cancer, and on the serum diagnosis of pregnancy (Abderhalden's Test). The entire text has likewise been given a careful revision.

HOMŒOPATHY IN MEDICINE AND SURGERY. By Edmund Carleton, M. D., with a preface by Spencer Carleton, M. D. Boericke & Tafel, Philadelphia. 1913.

The old *materia medica* of Lippe was said to contain no symptom that had not been verified, a statement which is probably true and one that has made Lippe's *materia medica* a most desirable possession.

Knowing the author of this present work on Homœopathy for over thirty years, having seen many times the results of his wonderful prescribing, we feel able to assert that whatever he has given us in this book is of the purest homœopathic gold, and that if used carefully it will convince even the most skeptical, and, therefore, the most lazy prescriber claiming allegiance to the homœopathic school, that Homœopathy is all there is to medicinal therapeutics.

We have only to regret that Dr. Carleton's book is so fragmentary, for with his vast experience it seems that he could have made a book twice its size and not have wearied the reader.

We recall wonderful cures of intermittent fever, colliquative diarrhœa, syphilis and adenitis by Dr. Carleton, and when we say cures we mean *cures* that we have seen with our own eyes, and therefore, we believe every word of the book before us, and we would urge every physician of our school to buy a copy of this work. It contains nothing but reliable and verified therapeutics from a master of the art of healing.

BLOOD PRESSURE FROM THE CLINICAL STAND-POINT. By Francis Ashley Faught, M. D., Philadelphia. Illustrated. W. B. Saunders Company, Philadelphia and London. 1913.

The rapid rise in the value of the sphygmomanometer, an instrument now necessary in the equipment of every physician's office, is a good reason why a moderate sized book should be issued dealing with the subject of blood pressure in a concise and practical way.

Dr. Faught has presented us such a book, and it is a specially valuable one, and one that we can urge our readers to buy, for it represents the latest word on the subject. The chapter on arterio-sclerosis is one that should be read by all physicians who wish to know all about this subject.

A MANUAL OF OTOTOLOGY. By Gorham Bacon, A. M., M. D., Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York. New (6th) edition, thoroughly revised. 12mo, 536 pages, with 164 engravings and 12 plates. Cloth, \$2.25, net. Lea & Febiger, Philadelphia and New York. 1913.

The frequency with which new editions of this Manual are called for indicates a widespread popularity among practitioners and specialists, and shows that it fills admirably the important function of a student's text-book. Its many sterling qualities have resulted in its being "the standard manual of otology in the English language and a model for all works of a similar nature." It has never been approached in its excellent methods of presentation, and it stands practically without a rival in its special field. An examination of this new edition shows that it reflects the subject in its latest aspect. Many sections have been wholly rewritten and considerably enlarged. Emphasis has been laid on the most modern methods of diagnosis and treatment. The excellent series of illustrations has been increased by many new ones, which have been inserted wherever they could be of value in helping to an understanding of the problem under discussion.

MINOR AND OPERATIVE SURGERY, INCLUDING BANDAGING. By Henry R. Wharton, M. D., Professor of Clinical Surgery in the Woman's Medical College, Philadelphia. New (eighth) edition, enlarged and thoroughly revised. 12mo, 700 pages, with 570 illustrations. Cloth, \$2.00, net. Lea & Febiger, Philadelphia and New York. 1913.

When a medical work has reached its eighth edition it may be pronounced a conspicuous success. Only a long continued and steady demand could make possible such a record, and this in turn must be based on intrinsic value. Wharton's *Minor and Operative Surgery* is a book of great utility and convenience. Its text is clear, and, wherever possible, is helped by its excellent illustrations, of which there are nearly six hundred, showing in many cases the steps of the various procedures. Many of them are photographs, and

in the section on bandaging they are especially abundant. This new edition gives evidence of thorough and careful revision. All matter which has become obsolete has been omitted, and a large amount of new material has been added.

A TREATISE ON THE DISEASES OF WOMEN. For Students and Practitioners. By Palmer Findley, B. S., M. D., Professor of Gynæcology, College of Medicine, State University of Nebraska; Gynæcologist to the Clarkson Memorial Hospital and Douglas County Hospital; Fellow of the American Gynæcological Society; Fellow of the American Association of Obstetricians and Gynæcologists; Fellow of the Chicago Gynæcological Society. Octavo, 954 pages, illustrated with 632 engravings in the text and 38 plates in colors and monochrome. Cloth, \$6.00, net. Lea & Febiger, Philadelphia and New York. 1913.

This new work offers a complete exposition of the subject of diseases of women, and brings out many points of view not generally emphasized in books on gynæcology. A very important feature is the full discussion given to conservative methods of treatment, such as douches, baths, exercise, massage, diet, dress and tampons, which rarely receive the consideration which their importance merits, either in books or in actual practice. Separate chapters are devoted to Non-operative Methods of Treatment, Hygiene and Dress, Preparation of Patient for Operation, Preparation of Operating Room, Field of Operation and Surgical Utensils, Choice of Anæsthetics, Diet, Post-operative Complications and Care of Patients after Operation. Diagnosis has been placed on an anatomical basis, for it is pre-eminently true of diseases of women that the making of a diagnosis is in large part the recognition of the morbid anatomy. Another valuable feature is the presentation of certain subjects which may be considered as on the borderline between gynæcology and obstetrics, for the separation of these two subjects is an illogical one. The book is very rich in its pictorial department, for in the text there are 632 engravings, besides 38 plates, many of which are colored. They have been inserted wherever it was possible to make clearer the point under discussion.

DISEASES OF THE SKIN. Including the Exanthemata, for use of General Practitioners and advanced Students. By Frederick M. Dearborn, A. B., M. D., Professor of Dermatology in the New York Homœopathic Medical College and Flower Hospital; Clinical Professor of Dermatology in the New York College and Hospital for Women; Dermatologist to the Metropolitan Hospital (Department of Public Charities, New York City), to the Flower Hospital, to the Hahnemann Hospital and the Laura Franklin Free Hospital for

Children, Consulting Dermatologist to the Hospital of the New York Medical College and Hospital for Women, to the Out-Patient Department of the Flower Hospital, to the St. Mary's Hospital (Passaic, N. J.) to the Jamaica Hospital (Jamaica, N. Y.) and to the Yonkers' Homœopathic Hospital (Yonkers, N. Y.). With 230 Illustration in the text. 551 large 8vo. pages. Cloth, \$5.00, net. Postage, 30 cents. Philadelphia. Boericke & Tafel. 1913.

Dearborn's Diseases of the Skin has long been a classic in the homœopathic school. This book might be called, though it is not, third edition, the first being that of Dr. Henry M. Dearborn, published in 1903, and the second, a revision of the same by the the present author in 1906. Of course, liberal use has been made of these in the preparation of the present volume, which is an entirely new work and whose excellence is of the same high grade as the former volume.

We need not go outside of our own school for works on Dermatology when we can produce such treatises within our own ranks. This book is, in fact, and in essence, the very best work ever printed on Dermatology, because it embodies homœopathic therapeutics of skin affections.

We believe that the question of text-books in our colleges is one that should be taken up by the Council on Medical Education. We regard it as little short of treason to the school for our teachers to recommend books of old school writers in their classes when we have writers in our own school like Dearborn on Skin Affections, Butler on Mental Diseases, and a very few others that we might mention.

We have always claimed that we had the men and should have the books and this excellent work, too well known in its former dress, for an extensive review is proof of our claim.

THE PROTEIN SPLIT PRODUCTS IN RELATION TO IMMUNITY AND DISEASE. By Victor C. Vaughan, M. D., LL. D., Dean of the Department of Medicine and Surgery of the University of Michigan; Victor C. Vaughan, Jr., M. D., A. B., in charge of the Tuberculosis Work of the Detroit Board of Health, and J. Walter Vaughan, M. D., A. B., junior attending Surgeon to Hospital, Detroit. 12mo, 467 pages, illustrated. Cloth, \$3.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1913.

This work sets forth the studies and researches of many years in a department of medical science which is now attracting universal attention and intense interest. Modern laboratory methods have made it possible to inquire into the means by which the normal organism defends itself from pathogenic agents, the condition of each before, during and after infection, and the general results of the process. An understanding of

these problems at once conveys a new insight into physiology and pathology, and creates new and distinct methods of diagnosis, therapeutics and prophylaxis. Among the subjects of prime importance which this work discusses may be mentioned proteins and the infectious diseases; protein sensitization and bacterial immunity; vaccines, toxins and bacterial cellular substances; cleavage of proteins into poisonous and non-poisonous parts; the action of the living bacillus, the dead bacillus and of the poisonous split product; the production of active immunity with split products of the colon bacillus; the tubercle bacillus; the relation of tuberculo-sensitization to immunity; anthrax protein; pneumococcus protein; protein sensitization and the physiological action of the protein poison; protein fever; specific ferments of the cancer cell; the phenomena of infection; vaccines and sensitization. The large number of important and interesting topics, only partially mentioned above, which this volume treats, makes it an invaluable part of the equipment of the physician who would be modern in his methods and abreast of the most recent thought in medicine.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY.

For Students and Practitioners. By E. C. Dudley, A. M., M. D., Professor of Gynæcology in the Northwestern University Medical School, Chicago. Sixth edition, thoroughly revised. Octavo, 795 pages, with 439 illustrations, of which many are in colors, and 24 full page plates. Cloth, \$5.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1913.

Dudley is unquestionably one of the strongest books on gynæcology in the English language. Ever since its original publication, fifteen years ago, it has occupied the foremost place among American works on this subject, and the appearance of this new edition serves to strengthen it in this leading position. Its splendid record is evidenced in the complete originality of its elaborate engravings and plates, a feature possible in very few publications. Each one is designed to illustrate some special point in the text, and numerous series of drawings explain operative procedures as they take place, step by step. In its pictorial department the work stands unrivaled. The arrangement of the book is another excellent feature. The subjects are presented in pathological and etiological sequence, so that the reader will have constantly before him the physiological and pathological unity of the reproductive system, and will see the correlation of like morbid processes to each other. The text shows that it has had thorough revision throughout. Several chapters have been entirely rewritten, and many new illustrations added. In its latest issue this standard work is well equipped for a

new period of usefulness as the recognized authority.

MANUAL OF OBSTETRICS. By John Osborn Polak, M. S., M. D., Long Island College. New York and London: D. Appleton & Co. 1913.

This book places the essential facts and principles of obstetrics within the easy grasp of the student. It is a sort of elementary work bereft of theoretical discussions, giving the more important points of the subject. It is a very neat volume.

A COURSE IN NORMAL HISTOLOGY. By Rudolf Krause, Professor of Anatomy in the University of Berlin. Translated by Phillip J. R. Schmahl, M. D. New York: Rebman Company. 1913.

This is a work in two volumes, the first small and introductory, entitled *Microscopy*, and the other a beautifully illustrated work on *Histology*, containing 30 illustrations in the text and 208 colored pictures arranged on 98 plates. It covers the subject of histology more thoroughly and completely than any other book on the subject, and we believe that all students should procure a copy, for to it their teachers turn for the best and latest information on normal histology. But why normal? We supposed all histology was normal.

THERAPEUTICS OF THE GASTRO-INTESTINAL TRACT. By Dr. Carl Wegele, Maurice H. Gross and I. W. Held, M. D. New York: Rebman Company, Herald Square Bldg., New York.

This book is a thorough treatise on the therapy of stomach and intestinal diseases as far as known to the allopathic school of medicine. Its arrangement is good and the parts upon the dietetic, physical and hygienic treatment are all excellent. But when it comes to medicinal treatment the authors are in the dark, they name drug after drug that "should be tried," "may be necessary," "have been recommended," "has been used," etc. There is really no value of a scientific kind or indications that are worth anything for any medicine in the entire book. For instance, *Nuxvomica* is mentioned, but not a single indication for its use is given.

OPHTHALMOSCOPIC DIAGNOSIS. By Dr. C. Adam Berlin. Translated by M. L. Foster, M. D. Rebman Company, New York. 1913.

This is a wonderfully fine book, having 86 colored pictures and many illustrations. We do not see how the work could be improved, and we believe it will be hailed with delight by all who practice ophthalmology, and especially by those who teach it. We urge upon our readers an examination of this work.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO, 1913.

This excellent annual is always full of good things, and comes always in a handy volume, all at once, and very soon after the meeting, thanks to the promptness of Secretary Keiser. We have a complete set of the Ohio Transactions, and we consider ourselves fortunate.

SEX; ITS ORIGIN AND DETERMINATION. By Thomas E. Reed, M. D., Middletown, Ohio. New York: Rebman Company. 1913.

A very excellent work on this subject. Dr. Reed is a graduate of Hahnemann Medical College, of Philadelphia, and has given many years to investigations along the line of sex determination, and we believe it is the best work ever issued thereon. It should be in the library of every homœopathic physician in the land.

PHARMACODYNAMICS AND THERAPEUTICS

BY A. E. HINSDALE, M. D., BAY CITY, MICH.

Ivy Poisoning.

It is usually the case that poisoning from ivy or poison oak is acute, although there are many persons suffering from chronic toxæmia of these and similar plants. The poisoning is produced by direct contact in the fields or woody places with the green, growing plants. Intense smarting and vesication usually follows at once. Where ivy grows sassafras usually abounds. For an immediate application to take the "fire" out of the infected spots upon the skin there is nothing more soothing than to apply a fresh lotion made by bruising the leaves and tender twigs of the sassafras and soaking them in cold water. This mucilaginous, harmless, unboiled infusion can be prepared quickly and applied in camp, at home, or whenever the green sassafras is obtainable. It should be made from fresh, unwilted parts of the plant and applied freely either with clean cloths or used as a "wash."

Novocaine.

The most suitable liquid for production of local anæsthesia by cataphoresis consists of 1 grain novocaine-hydrochloric acid in 10 g. adrenaline-hydrochloric acid solution; a filter paper is soaked in the solution and laid between the skin and the anode.—*Chemical Abstracts*.

Vaccines.

The promiscuous use of stock vaccines of commerce in treatment of acute and chronic infections is an irrational procedure. Ready-mixed commercial vaccines should be abolished. In cases suitable for vaccine therapy, autogenous vaccines are, with few exceptions, superior.—*J. Am. Med. Assoc.*

Apis.

The prescribing of this remedy in numerous instances where it seemed indicated leads me to believe that much better results are obtained by using the trituration instead of the dilutions. Several "Apis cases" have reacted to the tritura-

Borax.

The following is taken from the "Recorder," July 15, 1913:

Editor of the Homœopathic Recorder:

Patient a little girl about three years old, a brunette. Had at least one epileptic seizure nearly every day, and if other children came to play with her she would have as many as a half dozen in a day. I don't remember the symptoms in detail, as it has been about fourteen years since I treated the case, but the most prominent and peculiar symptom was a dread of downward motion. She would not walk downstairs, and when her father carried her down she would clasp him around the neck with all her might and would not let go till her feet were on the floor. Any little excitement would bring on a spasm. I gave her one dose of Borax 1,000 and she has never had a spasm from that day to this, as I positively know, for she is still my patient. I gave her mother about a dozen powders of the Borax 1,000, with directions to give her a powder after each spasm, and her mother told me some time ago that she still had the powders in the house, but had never had occasion to use them. Would anybody claim that the result was *not* the effect of the remedy? Epilepsy does not tend toward spontaneous recovery.

L. HOOPES, M. D.

West Chester, Pa., May 22d, 1913.

Abies nigra.

I have prescribed this remedy at least thirty times during the past two years, and it has never failed to promptly cure those gastric disorders characterized by a sensation of a stone or hard boiled egg in the stomach. The remedy has been given in doses of three drops of the tincture three or four times a day. Abies is certainly a specific in this condition, and it is one which many patients complain of.

Bismuth subgallate.

Digestive disorders which have as their chief symptom an enormous accumulation of gas in either the stomach or intestinal tract may be relieved almost immediately by bismuth subgallate given in appreciable doses. Five grains every two or three hours has produced happy results. It is not always easy to discover at once the indicated remedy for these cases, and in the meantime this drug affords a harmless but most effectual palliative. It undoubtedly acts by preventing the development of the bacteria accountable for the fermentation.

Chromium sulphate.

A man aged 60 years was a victim of locomotor ataxia. The disease was so diagnosed by several physicians and was in a stage of moderate severity. Chromium sulphate was prescribed, and so far as both the patient and physician can discover, is now cured of his disease. The patient took about 400 chromium sulphate tablets of 4 grains each. Improvement did not commence until about 100 of the tablets had been taken, after which time he became rapidly better. This same patient also suffered with an enlarged prostate gland and the difficulty and frequency of urination resulting from the same also almost completely disappeared. Chromium sulphate is also recommended in neurasthenia.

Veratrum viride.

A woman, aged 35 years, was eight months along in pregnancy. Repeated examinations of urine previous to this time disclosed nothing abnormal. Suddenly she was seized with convulsions and all of the other attendant symptoms of eclampsia. Pulse went to 130, and the temperature was slightly raised. *Veratrum viride* was administered in the tincture, 20 drops being given hypodermically. Within half an hour the most alarming of the symptoms had disappeared, and three other doses of the same drug given in quantities of 10 drops each at intervals of two hours completed the cure, and the patient has not had any further return of the symptoms.

Mushrooms.

It is reported in a foreign journal that mushrooms should not enter into the diet of a nephritic patient because of the irritating action of the mushrooms on the kidney.

Quinine.

On the assumption that rabies was a protozoan disease six dogs were infected with rabies virus, and at the onset of symptoms of the disease three of them were treated with quinine. The quinine was given by feeding and by injection, and the dosage was pushed to the limit. The three untreated animals died of rabies, while the three treated animals recovered from the disease.—*J. Infect. Dis.*

Thorium.

Livshitz reports a case of pernicious anemia treated successfully with water charged with Thorium (50,000 Mache units). After drinking the water for a month the patient was relieved of all his symptoms and the blood became practically normal.—*Chemical Abstracts.*

Pituitrin.

Malinovskii used a special apparatus to record the uterine contractions in 50 labor cases. He found that the labor pains are increased, while the duration of the pains is lessened.

Ergot.

Wood and Hofer find that ergot rapidly loses strength. By observation upon the blood pressure and by determination of the "sphacelotoxin content" these authors conclude:

(a) A fluid extract of ergot exposed to the air deteriorates extremely rapidly.

(b) The deterioration of fluid extract of ergot may be much retarded by protecting it against contact with air, but under the most favorable conditions there is a loss of strength approximating 10 per cent, a month.

Picric acid.

Dr. W. W. Blackman, of Brooklyn, informs me that he has had excellent results from Picric acid in seemingly hopeless cases of uræmia, with complete anuria. And from the kidney symptoms calling for its use, in Allen's Handbook, I am surprised it has not been used more extensively, as many cases we observe correspond well to its symptomatology found there.—*Carl A. Williams, M. D., in the Hahnemannian Monthly*, Aug., 1913.

Chimaphila umbellata

Chimaphila is indicated when the following symptoms are present: Offensive urine, turbid, containing bloody or ropy mucus, with a copious sediment; burning and scalding during urination, following by *straining*; difficulty in beginning to urinate, with a deal of *straining*; urine often foetid; scanty urine, acute prostatitis, accompanied with retention of urine, and a feeling as of a ball in the perinæum whilst sitting; great urging to urinate, constantly waking; urine often increased, and of a greenish hue, a *fluttering* sensation in the region of the kidneys, shifting from one kidney to the other, painless, and without uneasiness; a feeling as if the blood was on fire, with dry skin, hot flashes, burning of the feet and sexual excitement. [The above indications as a guide to similitum are really excellent. The contribution is that of Frederick Kopp, of Greenwich, New South Wales.]—*Homœopathic World*.

Pituitrin and its Effect on Blood Pressure.

Pituitrin, the active principle of the infundibular part of the hypophysis, increases the blood pressure like epinephrin, but the effect is less pronounced and more prolonged. Thus after bleeding rabbits so that the pressure sank to one-half its normal height, R. Klotz could obtain a rise of 20 millimeters of mercury, lasting 50 minutes. In hæmorrhage owing to atony of the womb after child-birth, a rise of 15 to 20 mm. was frequently seen. The effect is rapid after intramuscular injection, but in severe cases of hæmorrhage may be assisted by rectal or intravenous injection of saline solution. To assist the contraction of the uterus, the author believes that pituitrin is superior to ergot. Like ergot, it should only be given after the uterus has been

emptied. The dose is an amount corresponding to 0.2 gm, fresh glandular substance. The maximum dose is not known as animals can tolerate sixty times the normal dose. A second injection before the effects of the first have worn off is usually without influence upon the pressure. Other conditions in which the extract gave promising results were post-operative shock, peritonitis and the various infectious diseases, accompanied by fall in blood pressure. In the latter, the hypophysis tablets of Merck may be substituted. In peritonitis, there is not only a rise in blood pressure, but also a favorable effect upon the heart, the peristalsis, and the excretion of urine. It is not likely that long continued doses will have a deleterious effect upon the heart or blood vessels.—*Muench. med. Woch.*, May 23, 1911.

Treatment of Trachoma.

Francisco M. Fernandez, Havana, Cuba, states that trachoma is very prevalent in Cuba, although not in severe chronic or acute forms. The lack of hygiene and cleanliness among the natives favors the spread of the disease, which is seen among the school children in many towns and cities. Vincento Gomez, in Holguin, treated 2,000 cases; the author has also treated 2,000 cases in the past year. Negroes have it less frequently than the whites. The author recommends for treatment the use of salicylic acid powder rubbed on after the thorough use of cocaine. It is painless at the time, and causes burning for a few days, but the granulations contract and are resorbed, and the conjunctiva becomes smooth. The author has treated 400 cases by this method with success in every case.—*Med. Record*, June 17, 1911.

Thyroidin in the Treatment of Constitutional Obesity.

Curt Pariser, in the *Zeitschrift für Arztl. Fortbildung*, No. 5, 1911, discusses the question of dosage of thyroidin in the treatment of constitutional obesity. He writes: "The thyroid gland has a cumulative action and this fact must be taken into account. Further, it must be borne in mind that only a small amount is required to restore the balance. I use exclusively Merck's Thyroid Gland Tablets containing 0.1 gramme of gland. One to two tablets are given daily during the first 3 to 4 days, and during the following 8 to 10 days the dose is increased to three tablets, in very exceptional cases as many as four tablets may be given. The dose is now decreased to two tablets for the following 8 days, and then to one tablet for another 5 to 8 days, after which a pause of eight days is allowed before recommending the treatment on the same lines. This pause must be made, as in every case after-effects occur lasting some time. After two or three courses of treatment a longer pause, extending to about three months, may be made; its duration depends upon the patient's weight,

which should be frequently ascertained. We should not lose sight of the fact that the subject of constitutional obesity is suffering from an organic deficiency, which constantly manifests itself, and has, therefore, to be made good by the administration of a physiological substitution product. The above-mentioned maximum doses, which I never give immediately at the commencement of treatment, are about one-quarter to one-third of the average doses hitherto in use, leaving out of the question the excessive doses recorded in the literature. Even if these excessive doses have had no ill effects there is no reason to administer larger doses than the above amounts, which are based on practical experience. Apart from the fact that many preparations are unreliable, and, therefore, may give rise to erroneous conclusions, there are sufficient communications regarding individual cases of remarkable tolerance to potent drugs.—*Merck's Archives*, August, 1911.

Treatment of Arteriosclerosis.

N. Ortnier, director of the Medical Clinic, University of Innsbruck, discusses the principles underlying the treatment of arteriosclerosis with the iodides. Theobromine and its double salts are excellent to reduce the high tension and vasotonin is regarded as a promising drug.

Attacks of angina pectoris require the nitrites, and morphine where these fail. If signs of asphyxia are present, injections of caffeine or camphor or intravenous injections of strophanthin are in place. Frequently a combination of Digitalis with diuretin (digipuratum 0.1 gm., diuretin 0.3 to 0.5 gm.) does most good. As prophylactic measure diuretin and erythrol tetranitrate are indicated.

Chronic insufficiency of the heart muscle calls for Digitalis (combined with caffeine, diuretin or quinine). A regular course of treatment with Digitalis and diuretin is often indicated.

In cardiac asthma, morphine should be administered.

Cerebral arteriosclerosis is best treated with iodides, bromides and diuretin. Disturbances of sleep are combatted with hydiatic measures and, if necessary, with bromural and veronal (of each 3 to 4 grn.). Congestions and vertigo often yield to venesection. Carbonic acid, oxygen, salt and thermal baths and their indications are exhaustively discussed.

Massage is regarded as an extremely valuable measure.

The question of climate is an important one, but altitudes over 1,000 meters are to be avoided.—*Jahreskurse f. aerztl. Fortbildung*, February, 1911.

Treatment of Tetanus.

G. Baccelli, of Rome, says that antitetanus serum has proven a great disappointment in the treatment of tetanus, no matter which way it is introduced into the system. Carbolic acid, given

subcutaneously in sufficient dosage, is still the best remedy at our disposal. A 2 to 3 per cent. watery solution is employed. At first, about 0.3 to 0.5 gm. of the acid are injected daily to test the tolerance of the patient. If the urine remains free as much as 1 to 1.5 gm. may be given during the 24 hours. Larger doses should only be used cautiously in very severe cases. According to the author's statistics, the mortality in severe cases could be reduced from 100 per cent. to 2.12 per cent., in very severe cases from 100 per cent. to 18.5 per cent. In a large percentage of the worst cases, less than one gram daily was injected, so that the statistics here are no proper criterion for the action of the drug. If desired, the acid may also be injected dissolved in sterile oil.—*Berl. klin. Woch.*, June 5, 1911.

A Familiar Form of Cystitis

There is a form of cystitis quite familiar to the general practitioner. It occurs in females, old and young, with apparently normal pelvic organs, generally after a chilling. There is an abrupt onset with frequent micturition, tenesmus and perhaps dysuria. The acid urine contains the infecting organism, usually a colon bacillus, pus, and often blood. Rest in bed, local warmth, light diet, free catharsis and Sanmetto are the measures employed, and in a few days the severity of the attack subsides, and generally in two or three weeks the patients are as well as ever.

Sodium carbonate.

(Dr. N. A. Hamilton, Franklin, Ohio.) During the last week of her pregnancy, Mrs. M., aged 29 years, had oedema of the legs, and suffered from impairment of vision to the extent of not being able to recognize her friends on the street. Her urine during this period was not brought to her physician for examination, though previous examinations had been negative. At term, on March 24, she went into labor, and was delivered normally of a living child by Dr. S. S. Stahl. The delivery occurred rapidly. The patient made normal progress until the fourth day (March 27), when she developed a temperature of 102° F., with a pulse of 110. This was attributed to an infection of the parturient canal. At the same time she became markedly nervous, complained of headache, and had great roaring in the ears. The urine became very scanty, and heavily loaded with albumin and casts. This condition continued until March 31. On this day the pain in the head became very severe. nausea and vomiting occurred, and a marked numbness of the right arm and leg developed. The patient was pale and generally oedematous. There was a twitching of the muscles in various parts of the body. At noon on this day an active administration of sodium carbonate and sodium chloride by mouth (0.33 gram each, every hour, with half glass of water) was

24-hour period ending	High-est pulse.	High-est temperature.	Urine.	Medication.	Remarks.
Apr. 1	110	102.0	720	Salt and alkali by mouth.	Signs and symptoms as above. Much albumin.
Apr. 2	115	102.2	3420	Salt and alkali by rectum.	General symptoms better. Albumin less.
Apr. 3	100	101.0	2730	Salt and alkali by rectum.	Patient comfortable; no headache, nausea or vomiting. Edema less. Albumin very much less in amount.
Apr. 4	80	101.0	3060	Rectal administration stopped. Alkali and salt by mouth only.	Same. Edema lessening. Albumin in traces only.
Apr. 5	78	101.3	2700	Salt and alkali by mouth only.	Traces of albumin only.
Apr. 6	84	101.1	1680	Salt and alkali by mouth only.	No albumin or casts.
Apr. 7	84	100.4	1110	Salt and alkali by mouth only.	No albumin or casts.
Apr. 8	80	100.4	1530	Salt and alkali by mouth only.	No albumin or casts.
Apr. 9	78	100.1	1500	Salt and alkali by mouth only.	All edema gone; patient feels entirely well. No albumin or casts.

Further Remarks on the Treatment of Nephritis by Martin H. Fischer, M. D.

started, and on the succeeding day this was given in the following form by rectum:

Sodium carbonate 10 grams.
Sodium chloride 14 grams.
Distilled water, enough to make...1,000 c.c.

In the twenty-four hours during which the sodium chloride and sodium carbonate was given by the mouth the patient's condition improved only slightly. On the following day, when administration by rectum was commenced, a rapid clearing began.

Corneal Staphyloma. Treatment.

Epinephrin used in six cases of acute staphyloma, instead of puncture and bandage, with excellent results. Used as instillations of 1:1000 solution three times daily. Useful even where cornea perforated.—*Pontius*.

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AMERICAN INSTITUTE OF DRUG PROVING.

PRESIDENT HINSDALE in his business address asked this question: "Ought not the fund in the hands of the Committee on Drug Proving be applied to its intended purpose or be diverted in some other direction so that immediate benefit may be derived therefrom?"

The committee on his address answered the question in the affirmative, but questioned the Institute's legal right in interfering with this fund.

This Drug Proving Institute was conceived and financed by those who had an earnest desire to do original research work in drug proving. It has existed some eight or ten years. It has money somewhere in the neighborhood of four thousand dollars invested in Reading railway bonds or in other securities, and this is drawing interest at presumably $3\frac{1}{2}$ or 4 per cent. Thus the fund is sleeping quietly and doing the best it can to propagate its own species. Of course, this was not the intended purpose of the fund. It was to do research work along homœopathic lines in drug proving.

Has any such work been done? Oh, yes; quite some has been done by different colleges, but as far as the writer knows unaided by the said Institute of Drug Proving. Provings have been made of Echinacea, Kali phosphoricum, Strychnia phosphorica and other drugs which have been for a few minutes—long enough to have the chairman of the Institute make a report—fattered by it. For about eight years the Institute has reported to the American Institute, said reports evolved out of the mind of the chairman without consultation with any other of the trustees of the Drug Proving Institute, and evidently

written on the train on the way to the meeting. These reports have always satisfied the Institute, they have told what was to be done, *Manana*, and were supplemented by the financial status of the corporation—for it is incorporated under the District of Columbia laws.

About four years ago it was determined by some of the trustees who desired to do actual work, that a proving should be made of Loco Weed. Some was procured from the Agricultural Department of the U. S. Government in Washington, as this department was experimenting with this weed and were willing to co-operate with us to the extent of furnishing the drug.

Several colleges took up the work. A proving was made, and the day books carefully tucked away that no more mention of them might be heard.

At the meeting in Narragansett Pier the writer was requested to take the day books of the provers and prepare a synopsis of the work. This was done, and in October, 1911, a copy of this synopsis was mailed to every trustee of the American Institute of Drug Proving. Two members acknowledged receipt of same; one was anxious to have the drug tried in a clinical way, and obtained some of the drug and endeavored to interest the staff of one of our state hospitals in trying it clinically according to the indications given in the provings.

Since October, 1911, the proving of Loco Weed has been sleeping with the fund. The chairman of the trustees promised in 1909 or 1910 that an extended report of the same would shortly appear in the *Journal—Manana*.

We recently came across our synopsis of the proving and are presenting the same to our readers in this issue. It at least proves two things—first, that there are those who would be willing to do proving work did they receive proper assistance and encouragement, and second, that the American Institute of Drug Proving, as at present conducted, is a useless appendix to anything but the Reading railway.

AN "INEXPEDIENT" RESOLUTION.

ONE of the really interesting incidents of the meeting of the American Institute of Homœopathy at Denver in July was the introduction (or reintroduction) by Vice-President Stout of his now famous resolution bearing

upon the problem of fidelity to organized Homœopathy. When it became definitely and generally known that the venerable Floridian was to cast this bomb into the camp of those who are trying to play first and second fiddle simultaneously, there was great consternation in the discordant orchestra in question. Opposition to the spirit of the resolution was confined almost entirely to those who are playing the dual role in the profession, and their efforts to harmonize their objections to this commendable measure with the best interests of Homœopathy aroused the conflicting emotions of sympathy and amusement.

Bear in mind that this resolution did not offer censure or rebuke or anything of the sort, it was simply an appeal for consecrated service to Homœopathy, directed at those who have, for one reason or another, or for no reason at all, joined societies contiguous to the American Medical Association, while retaining their membership in the American Institute of Homœopathy.

Nor was there anything in the resolution that would interfere with identification on the part of a Homœopath, with non-sectarian organizations looking to social and professional intercourse wherein one is permitted to retain his medical preferences and his self respect. No, the document was offered as a remedy for the tendency in our school to mollify an intolerant opposition which is clearly bent on our destruction as a school. It may be well to record just here (not because it has any historic value, but rather as an incident in the struggle in which we have been engaged to save the honor and integrity of the homœopathic school) that Dr. W. A. Evans, who does the honors for the A. M. A. through the *Chicago Tribune*, said about one year ago before an audience in the First Congregational church of Evanston, Illinois, and also before the Chicago Women's Party, at about the same time, that "There are more Homœopaths in the American Medical Association than in the American Institute of Homœopathy, and more Homœopaths in the Illinois State Medical Society than in the Illinois Homœopathic Medical Society."

It matters but little, if at all, whether Evans knew he was not telling the truth when he made that reckless statement, but it does matter in serious degree when we realize that the American Medical Association is having its emissaries go before the general public emitting these rascally utterances with the palpable intention of inflict-

ing irremedial embarrassment upon the homœopathic school of medicine. This specimen of cunning deviltry is practiced by the representatives of the American Medical Association in the face of oft repeated claims that this political aggregating has no other purpose, in soliciting membership from the ranks of organized Homœopathy, than "the unification of medical interests," and that the annihilation of Homœopathy is not in their catalogue of evil intentions.

It has been observed that the Homœopath who has free access to professional consultations with his kind is *persuaded* to join the American Medical Association, while the member of the new school in the more isolated districts is bluntly *compelled* to join, through threats of ostracism, social and professional. It has *not* been observed, however, that a communicant of the A. M. A. has ever joined a homœopathic or eclectic society as a means of hastening the "unification of medical interests."

The few Homœopaths of the cities who have succumbed to the specious seductiveness of the medico-political monopolists are wholly inexcusable for their indulgence in this program of perfidy, and yet, the Homœopath who is far removed from the sympathy and support of those of like faith, is entitled to the substantial endorsement by his national society of his refusal to stultify himself by submission to the arrogant demands of the medical trust. There was nothing in the Stout resolution to prevent a Homœopath from identifying himself with allopathy and its organization, but there was in it a strong suggestion that one cannot optionally belong to two opposing forces and be a distinct credit to either side.

An offending brother was heard to say at Denver, "If that Stout resolution should pass the Institute, it would mean the *loss to Homœopathy* of a number who, like myself, have accepted the courtesies, etc., of the *regular profession*, and who have become affiliated with the societies of that school."

He seemed entirely unconscious of admitting by that statement that his identification with and loyalty to organized Homœopathy was purely formal, and that if it came to the point of going one way or the other, that he would not hesitate to go *the other way*.

It was significant that while the resolution was yet in the hands of the committee a telegram from Dr. Vaughn, president of the American

Medical Association, was published in the Denver daily papers, in which that *solicitous friend of Homœopathy* expressed the hope that "our homœopathic brothers" would not pass a resolution that would tend to conflict with the program for a unified system of preventive medicine in which *there are to be no schools*, etc., etc. But this expression of anxiety was premature, for the Institute did not so much as discuss the resolution, meekly submitting, as it did, to the recommendation of the committee which was in substance that "*consideration of this matter at this time is deemed inexpedient*."

Those who found comfort in the prompt disposal of this question at Denver may flatter themselves that the Stout resolution is dead, but it would not be unwise for them to keep their excuses and explanations well in hand, for indeed Stout and his resolution are very much alive, and they will "come up" again next year, and, if necessary, the next, and the next, until the *intent* of the resolution shall have become the *accepted policy* of the Institute.

L. P. C.

NEWS ITEMS.

CALIFORNIA.

Hahnemann College of the Pacific opened its doors for the present session with one of the largest enrollments in its history.

COLORADO.

The Critique, Colorado's able homœopathic periodical, suspended publication with the June issue. A distinct loss to the cause. It was one of our good and fearless periodicals.

ILLINOIS.

It is stated that William Wrigley, the chewing gum man, has given \$100,000 to the building fund of Hahnemann Hospital, of Chicago, especially for the surgical unit of the institution.

Dr. J. P. Cobb is the new Dean of Hahnemann College, of Chicago. Hering Medical College, of Chicago, has closed its doors.

MASSACHUSETTS.

Dr. Samuel H. Calderwood, of Roxbury; Dr. Samuel Fletcher, of Chicopee, and Dr. Frank E. Allard, of Boston, were homœopathic members of a committee appointed to confer with the members of the State Industrial Accident Board to solve problems arising in connection with the Workingmen's Compensation act,

especially the question of a reasonable allowance for medical and hospital attendance.

Alice M. Ellis, R. N., will be sole manager of the Park Registry (for nurses) in the future, and the registry headquarters have been removed to 44 Ivy Street, Boston.

Dr. Clarence E. Burt, of New Bedford, has been appointed house physician for the Tabitha Inn, of Fairhaven, Mass.

Several newspapers commented recently on the fact that one of the 1913 Boston University Medical School graduates was a former newsboy. His name is Maxwell Goldman, of 42 Spring Street, Boston. He is being congratulated on passing his State Board examinations successfully. He was president of the graduating class at B. U.

Dr. A. George Gigger, who recently went to Chatham from Abington, is running a drug store in connection with his medical practice in Chatham that is being highly praised by summer residents and townspeople who have had to put up with the usual country druggist. Gigger is a graduate pharmacist as well as an M. D.

The American Hospital Association held its annual meeting in Boston the latter part of August. Various hospital heads, physicians and nurses made the meeting one of great interest with their papers and plans of running hospitals, etc. "Social service" was one feature that was emphasized as very important *preventive medicine*. The General Hospital (Boston) was praised for its work on this line. Our own hospital is entering somewhat into this line of work, with district nurses, but it does not go far enough.

Dr. D. W. Livermore, formerly of Walpole (Mass.), has located in Foxboro (Mass.), and is reported to be doing very well. Dr. Peter J. Haigis, another homœopathic physician, has bought a large estate there, since his marriage.

A number of changes in the faculty of the Boston University Medical School have been announced. Dr. John H. Payne and Dr. Nathaniel W. Emerson have resigned their chairs and have been made Professors Emeritus. Dr. David W. Wells will succeed Dr. Payne as professor of ophthalmology, and Dr. George R. Southwick will succeed Dr. Emerson as professor of gynecology. Everett W. Burditt, LL. B., lecturer on medical jurisprudence, has been advanced to professor of that subject. The following have been advanced to associate professorships: Dr. A. B. Saunders, venereal diseases; Dr. Percy G. Browne, diseases of the chest; Dr. N. H. Houghton, diseases of the nose and throat, and Dr. Howard W. Nowell, pathology. Dr. George H. Wilkins, lecturer on theory and practice, has resigned on account of ill health.

The usual summer, post-graduate work at medical school was given under the direction of Dr. David W. Wells.

The Borage Hospital (Bumpkin Island) was the scene of the Randidge Fund excursions through the summer, through the courtesy of Albert C. Burrage.

The Melrose Hospital, which recently opened a new \$100,000 concrete building in Melrose, has issued its

report for the old hospital. It shows a balance of some \$70.00 for the year. There were 239 patients treated during the year, these being given 4,746 days' treatment. Thirty-one cases were obstetrical, 103 surgical and 65 medical. Three nurses were graduated. The homœopathic members of the hospital staff include W. M. Townsend, M. D., Walter H. Flanders, M. D., C. P. Holden, M. D., with Drs. N. W. Emerson and W. F. Wesselhoëft as consulting surgeons.

Frank C. Richardson, M. D., announces his removal to 295 Commonwealth Ave., Boston. His specialty is diseases of the nervous system.

The homœopathic internes this year are largely from Tufts and the western schools.

Dr. Lewis, assistant superintendent at the hospital has returned from his vacation. Dr. Bailey, of the O. P. D., took his place at the hospital during Dr. Lewis' vacation.

Dr. Mary E. Mosher, of Roxbury, a summer resident at Onset, has been elected treasurer of the Point Independence Yacht Club Ladies' Auxiliary.

Dr. Harry Davey, of Brockton, is caring for Dr. Coleman's Nantucket practice while the latter is in the homœopathic hospital, Boston, suffering from typhoid fever.

Dr. Luther G. Eastman, 1906, has located in Auburn-dale, 60 Grove Street. Dr. Eastman is driving a Ford.

The Alumni Association of the Boston University Medical School will hold a fair at the Copley Plaza Hotel, Boston, November 13, 14 and 15. This will be one of the biggest affairs ever undertaken by the friends and alumni, and it is hoped to raise a large sum through this means. The committee includes Dr. George B. Rice, chairman; Drs. Harold Babcock, Lucy Appleton, A. J. Baker Flint, Eliza B. Cahill and Clara E. Gray. All sorts of tables and booths will be provided, lunches, teas, suppers, chafing dish parties, cabaret, bridge tables and a first class musicale will be part of the entertainment furnished.

S. F. K.

MINNESOTA.

The Women's Homœopathic League of Minnesota are preparing for an energetic season's work. The first meeting of the year was held on September 11th.

MISSOURI.

Dr. E. J. Burch has kept things humming, homœopathically, by his editorship of the Missouri Institute *Bulletin*. It is a mighty fine scheme, and will yield good results.

The next meeting of the Missouri Institute of Homœopathy will be held in Kansas City the latter part of April next. It is planned to have the Kansas State Homœopathic Medical Society meet in conjunction with it.

Dr. T. H. Winans, of Mexico, one of the strictest Hahnemannians in Missouri, says he has cut down the incurable cases he encounters one-half by a new nosode he is using. The doctor began his work in a com-

munity very antagonistic to Homœopathy and has made them all sit up and take notice.

Dr. Scott Parsons, of St. Louis, president of the Missouri Institute of Homœopathy, has returned from his summer vacation, and has begun plans for the next meeting of the Institute in April at Kansas City. Dr. H. E. Young, of Kansas City, general secretary, is looking after the details.

Dr. T. H. Wilcoxon, homœopathic member of the Missouri State Board of Health, has gotten into the harness and is showing his personality in the affairs of the board. He is a strong member and an able representative of the school.

KANSAS CITY, MO.

Doctors J. M. Patterson and Chas. E. Allen, partners in eye, ear, nose and throat, have dissolved the partnership. Dr. Patterson remains at 518 Bryant Bldg., and Dr. Allen has located at 803 Waldheim Bldg.

Dr. W. E. Cramer has returned from an European trip. While away he attended many clinics in the old world, and has returned minus 20 pounds of weight.

Kansas City Hahnemann Medical College held its opening reception September 9th, which was well attended. There were speeches, music, refreshments and some "Whitcomb Riley" by Mose Runnels. The college opens under auspicious circumstances. The first two years of the course are given at the Kansas City University. Three Hindu students are in attendance.

Dr. W. A. Forster has been ailing recently, as a result of neuralgia, but is recovering nicely.

Dr. E. W. Johnson, surgeon for Armour & Co., had his Ford stolen recently, and after some "old sleuth" work, succeeded in getting it again and having the thief sent over the road.

Hahnemann Hospital has recently added another operating room and several beds to the already ample equipment. The college clinics are held there. Dr. W. E. Cramer and Dr. G. Wildman Smith are the owners of the hospital.

Dr. Chas. Elliott, proprietor of the Elliott Sanitarium, is dangerously ill at his home.

Dr. R. G. Hill, of Wamego, spent a few days in Kansas City renewing old acquaintances. He has been on an extended vacation.

Dr. Luella Z. Rummell, Hering, '01, attended the big hygiene meeting in Buffalo in August. She is professor of hygiene in Hahnemann College, and is author of a book on sexology.

Dr. Frank Brooke has located his diagnostic laboratory at 424 Shukert Bldg., 1115 Grand Ave.

Dr. John V. Lynn is surgeon to the local marine corps, and recently saw some active duty on one of the United States battleships.

Dr. Clay E. Coburn has been seriously ill of sciatica for several weeks. He is able to resume his practice.

Dr. Marie Esmond, one of Kansas City's hustling women physicians, is taking a much needed rest in a month's tour of California.

Dr. Lynn B. Greene, dermatologist to Hahnemann College, is making an interesting photographic collection of skin cases at the college clinic.

The Shukert building, 1115 Grand Ave., now houses

enough of the homœopathic brethren to be justly called the Homœo. building. The following have offices there: Doctors J. W. Cartlich, Mark Edgerton, C. A. Feige, W. A. Forster, W. S. Goodhue, L. B. Greene, T. H. Hudson, E. W. Johnson, E. E. Reed, Sam. H. Snow, I. C. Soule, A. H. Starcke, Luella Z. Rummel, W. F. Wicker, C. K. Wiles and Frank Brooke.

The Missouri State Board of Health met in Kansas City in September, and among other things suspended for six months the license of one of the well known homœopathic physicians of Missouri, in spite of a protesting petition signed by a large number of the profession. The doctor in question had technically violated a Federal statute for which he had been indicted.

OHIO

There is a movement abroad to establish a medical school in the Ohio State University, taking over the Starling-Ohio Medical College, of Columbus, and the Cleveland-Pulte Medical College, of Cleveland. Surely with these four names there could be established a great college in the Arch City. Of course there is opposition because naturally here, as elsewhere, the allopaths desire to have both feet in the trough.

CANADA.

Homœopathy sustained a severe loss in Montreal on September 5th by the death of Dr. Hugh Mathewson Patton. He was a graduate of McGill University, 1890, and of N. Y. Homœopathic College, 1891. He joined the American Institute in 1894, and for a number of years was a regular attendant at its sessions. Through his efforts the Montreal Homœopathic Hospital was established in 1894. He was a member of several prominent clubs of the city, and at the time of his death was the owner of the Mount Royal Sanatorium, a prosperous institution that he had founded some years previously. Dr. Patton will be missed by a large and wealthy clientele.

OBITUARY.

Dr. Edward Worcester.

Waltham, Mass., one of the oldest homœopathic physicians of the country, died on Sept. 2, aged 83 years.

Dr. Melbourne T. Middleton.

Camden, N. J., Aug. 21, æt. 71 years. Hahnemann Medical College, Philadelphia, 1868.

Dr. Edward R. Gregg.

Pittsburgh, Pa., June 25, æt. 43. Hahnemann Medical College, Philadelphia, 1892.

Dr. Charles Hoyt.

Chillicothe, Ohio, June 19, æt. 50. Pulte Medical College, 1879.

Dr. Frederick J. Nicholson.

Walworth, Wis., July 1, æt. 29. Hahnemann Medical College, Chicago, 1907.

Dr. Adam Rupin.

Topeka, Kan., July 1, æt. 75. Homœopathic Medical College, Mo., 1878.

Dr. Frank H. Boynton.

New York, July 3, æt. 63. New York Homœopathic College, 1874.

Dr. Charles S. Penfield.

Spokane, Wash., July 7, æt. 55. Hahnemann Medical College, Chicago, 1880.

Dr. Isaac C. West.

Dallas, Tex., June 30, æt. 70. Hahnemann Medical College, Chicago, 1889.

Dr. Isaac P. Lamb.

Houston, Tex., July 1, æt. 67. Homœopathic Medical College, Missouri, 1883.

Dr. Eliza M. Le Duc.

Los Angeles, Cal., July 13, æt. 75. Hahnemann Medical College, Chicago, 1886.

Dr. Owen H. Evans.

Cheswold, Del., July 20, æt. 49. Hahnemann Medical College, Philadelphia, 1893.

Dr. James A. Osborn.

Milton, Pa., July 22, æt. 72. Hahnemann Medical College, Philadelphia, 1875.

Dr. Annie M. Kawley.

Big Tandy, Tenn., May 11. Hahnemann Medical College, Chicago, 1873.

Dr. James Sinclair.

San Luis Obispo, Cal., July 19. Hahnemann Medical College, Chicago, 1884.

Dr. Anthony H. Worthington.

Trenton, N. J. Homœopathic Medical College of Pennsylvania, 1860.

Dr. W. E. Alumbaugh.

Napa, Cal., July 6, æt. 78. Hahnemann Medical College of the Pacific, 1889.

Dr. Harry A. Snyder.

Barberton, O., July 31, æt. 44. Cleveland Homœopathic College, 1904.

Dr. Eliza M. Miller.

Los Angeles, Cal., July 6, æt. 75. Hahnemann Medical College, Chicago, 1886.

Dr. George R. Stearns.

Buffalo, N. Y., August 8, æt. 55. New York Homœopathic College, 1878.

Dr. George E. Swan.

Beaver Dam, Wis., August 10, æt. 75. New York Homœopathic College, 1866.

Dr. John C. Minor.

New York, an old school graduate, but a practitioner of Homœopathy, died August 16, æt. 69.

Dr. Frederick L. Bartlett.

Aurora, Ill., August 7, æt. 69. Homœopathic Medical College, Missouri, 1868.

Dr. E. P. McGeorge.

Woodstown, N. J., August 12, æt. 46. Hahnemann Medical College, Philadelphia, 1894.

Dr. Jane E. Spaulding.

Santa Barber, Cal., August 31, æt. 81. New York Medical College and Hospital for Women, 1861.

Dr. Everett E. Gordon.

Cairo, Ill., September 1, æt. 40. Homœopathic Medical College, Missouri, 1897.

Dr. Walter E. Russell.

Walla Walla, Wash., August 28, æt. 55. Hahnemann Medical College, Chicago, 1889.

Dr. Arba R. Green.

Troy, N. Y., September 1, æt. 59. New York Homœopathic College, 1880.

Dr. Margaret S. McNiff.

Chicago, August 21, æt. 63. Hahnemann Medical College, Chicago, 1893.

Dr. R. W. Salisbury.

Estherville, Ia., August 14, æt. 53. Chicago Homœopathic College, 1886.

Dr. Lucius F. Webb.

Detroit, September 3, æt. 35. Detroit Homœopathic College, 1904.

Dr. Annette H. Waggoner.

Kansas City, Mo., August 7. Homœopathic College, University of Iowa, 1882.

Hydrogen Peroxide in Hyper-Chlorhydria.

Among the many drugs recommended for excess of hydrochloric acid in the stomach, morphine, duboisine, codeine and methylene blue have proven disappointing, while better results were obtained from atropin and its derivative eumydrine. The opinions are still divided as to the value of alkalies. It seems that hydrogen peroxide in aqueous solution or in the form of magnesium perhydrol is able to check the flow of gastric juice better than other drugs. Thus, Girardi has found that after 15 cc. of peroxide in 150 cc. of water the acid is much diminished,

and after 20 cc. in the same amount of water it disappears altogether. The inhibitory action of peroxide upon free acid production is only of short duration, but if small doses (teaspoonful) are given for some time, in cases of hyper-chlorhydria, it is possible to keep the amount of free acid well within normal limits. The gastralgia is also favorably affected in nearly all cases.—*Gaz. degli osped.*, 145, 1910

Food.

Analysis of the diet of 8 apparently healthy children, in good social circumstances, 5 aged 4, 2 aged 5, and one 7 years, gave an average result of 72.1 g. protein, 69.1 g. fat, and 198.4 g. carbohydrates, totaling 1,751 calories. This is much higher except in the case of carbohydrates, than that calculated according to customary statements from the Atwater standard (48, 30 and 200 g., resp.)—C. Watson, *British Medical Journal*, 1913.

The Brittle Man: Prospect of a Cure by Homœopathy.

The following article (*italics ours*), taken from the July 2, 1910, number of the *Daily News* of London and Manchester, should be read by those interested in the subject of publicity for medical matters in the lay press:

"Homœopathic treatment promises to affect improvement in the condition of the "brittle" man whose case has excited so much interest of late. Two months ago the man became an in-patient at the Homœopathic Hospital, Great Ormond Street, and already he has benefited by the treatment resorted to in that institution. *In twenty-six general hospitals the physicians have been baffled by the disease from which the man is suffering.* It is known in medicine as myositis ossificans, which may best be rendered in popular language as an ossifying inflammation of the muscles. *So rare is the disease that there are only one or two recorded cases,* and its cause is absolutely unknown. Practically all the voluntary muscles of the man are turning to bone. He can raise his right hand to the mouth and can move the right leg to some extent, but beyond that the muscles are useless. His mouth opens slightly, and thus he is able to take nourishment. *Last night the house physician explained to a press representative the treatment which the man is undergoing and its results so far.* The medicine given him is a tincture of arbor vitæ, the juice of a small flowering herb known in medicine as thuja, found wild in this country, but more common in America. *Only a few drops of the medicine are given once a month, the dose not being repeated till the effects of the previous one have passed away. The effect is described as like a series of electric shocks passing through the man.* As a result of the treatment the muscles of the neck have softened, and there is a general improvement in the man's health. It is too early yet to prophesy complete recovery, but the physicians in charge of the case

have hopes at any rate of much more improvement than that yet shown.—*Medical Notes and Queries*, July, 1910.

Iodine.

By far the most popular of all drugs used with the idea of cure is *iodine* in some form, given oftentimes to the point of toleration. While potassium iodide is probably most frequently used in this country, the greater number of the French and German clinicians prefer sodium iodide, believing it to be better borne by the digestive tract; and, latterly, many so-called organic preparations of iodine have been introduced and highly recommended by the pharmaceutical houses which are sponsors for their birth.

Whichever of the salts of iodine is used, however, it is usually given in the form of a saturated solution, starting with 2 drops (which, of course, represent about 2 grains of the drug) three times each day, and each day the size of the individual dose is increased by 1 drop until 15 drops are reached, provided the stomach does not rebel. This dosage is then continued with occasional intervals of omission, a week or so at a time, for several days.

Balfour's method in the treatment of aneurism with attendant high blood pressure he states to be as follows: "So soon as the average pulse rate in recumbency is accurately ascertained, 2 grains of potassium iodide are given every eight hours, and if the pulse rate remains unchanged the dose of iodide may be increased up to 15 grains or more every eight hours, raising it by 1 grain each dose until the pulse rate begins to rise. It is only rarely that we can increase the dose beyond 10 grains without this taking place. When the pulse rate begins to rise the iodide is stopped for one or two days, and then we go back to the highest dose that did not raise the pulse rate and continue the dose."

This use of iodine is often attended by unpleasant digestive symptoms, as well as other evidences of toxæmia, and its value rests more upon empirical evidence than upon accurate measurements of the blood pressure with a manometer. Its use is almost as strongly deprecated as it is highly recommended. It is most desirable, in the use of iodine, to recollect that it should not be administered during the period of digestion, because not only is it theoretically a fact that iodine and starch produce an insoluble iodide of starch, but there are the disagreeable effects of iodine upon the digestive tract, too well known to need description here.—*Spencer L. Dawes, M. C. and M. B.*, Dec., 1912.

Tetanus Treatment.

Phenol injections used in five consecutive cases, all recovering; two other cases treated with antitoxin died. Then minims of 10 per cent. solution of pure phenol in sterile water, diluted to 30 or

40 minims, injected deep into muscles, at first every three hours, later at longer intervals as improvement appeared. Injections made into buttocks, deltoids or pectorals. No untoward results. Urine, however, should be watched for smoky color, as a precaution. Severity of convulsions always diminished by the treatment sometimes after third or fourth dose. In fully developed cases, second dose to be given one hour after first. Original wound to be excised or cauterized, as usual, with strong solutions of phenol, silver nitrate or nitric acid.—*Kintzing*.

Use of intravenous phenol injections beginning with 2 to 3 grains (0.13 to 0.195 gm.) two or three times daily, and rapidly increasing up to 5 grains (0.325 gm.), advocated. Employ 1 or 2 per cent. solution of phenol. Watch urine throughout.—*Barnart*.

Hemophilia. Treatment.

Bleeding from wound in a hemophille boy, previously uninfluenced by any remedial agent, checked by allowing blood from finger of a normal individual to drop on the wound. A clot formed immediately.—*Sayer*.

Amenorrhœa. Treatment.

Fresh corpus luteum of sow in 20 grain (1.3 gm). capsules—3 or more daily—gave good results in functional amenorrhœa, both in young girls and adult women.—*Burnam*.

Carcinoma. Treatment.

Case of skin carcinoma reported in which local use of 1:1000 epinephrin solution appeared to cause disappearance of growth. Solution either painted freely over tumor or applied in wet dressing. Tumor gradually replaced at its periphery by healthy tissue. Six years elapsed without recurrence.—*Ritchie*.

To the Profession in America and Europe:

I am preparing a paper for presentation at the meeting of the Southern Homœopathic Medical Association at Atlanta, Ga., November 11, 12, 13, entitled "The Curability of Cancer by Homœopathic Remedies."

I would appreciate the assistance of the profession in making the presentation of this important subject as valuable as possible, by giving me the results of their experience, by citing cases of undoubted cancer, of whatever form, and wherever located, with the remedies used. Proper credit will be given in every case.

HENRY R. STOUT, M. D.,
Jacksonville, Fla.

Do not forget the meeting of the Southern Homœopathic Medical Association at Atlanta, Ga., on November 11, 12 and 13. There will be a large attendance.